



**COUNTY OF KENDALL, ILLINOIS**  
**ADMIN HR COMMITTEE**  
**Remote Meeting**  
**Wednesday, June 17, 2020 at 5:30p.m.**

**MEETING AGENDA**

- 1. Call to Order**
- 2. Roll Call:** Elizabeth Flowers (Chair), Scott Gengler, Judy Gilmour, Matthew Prochaska, Robyn Vickers
- 3. Approval of Agenda**
- 4. Approval of Minutes from June 1, 2020**
- 5. Department Head and Elected Official Reports**
- 6. Public Comment**
- 7. Committee Business**
  - Discussion of Kendall County Employee Service Award Recognition Program
  - Discussion Families First Coronavirus Response Act FFCRA Policy and COVID-19 Leave Request Forms
- 8. Executive Session**
- 9. Items for Committee of the Whole**
- 10. Action Items for County Board**
- 11. Adjournment**

*If special accommodations or arrangements are needed to attend this County meeting, please contact the Administration Office at 630-553-4171, a minimum of 24-hours prior to the meeting time*

# Kendall County Admin HR Committee

## 6-17-2020 Remote Meeting Attendance



In accordance with the Governor's Executive Order 2020-07, Kendall County Board Chairman Scott Gryder is encouraging social distancing by allowing remote attendance to the **Admin HR Committee** meeting scheduled for **5:30PM on Wednesday, June 17, 2020**. Instructions for joining the meeting are listed below.

The County Office Building is currently closed to the public. For your safety and others, please attend the meeting by phone or computer. All votes are conducted by roll call, so each member's vote on each issue can be identified and recorded. All business that can be postponed until a later date will be postponed.

If anyone from the public would like to make a comment during the meeting there will be an allotted time on the agenda for public comment, and all of the county board rules of order still apply. We will also accept public comment by emailing: [kadmin@co.kendall.il.us](mailto:kadmin@co.kendall.il.us). Members of the public may contact Kendall County Administration prior to the meeting for assistance in making public comments at 630-553-4171.

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### [Join Microsoft Teams Meeting](#)

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Kendall County

[Legal](#)

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Kendall County Admin HR Meeting Information:

<https://www.co.kendall.il.us/transparency/agendas-packets-and-meetings-schedules/administration-human-resources-committee>

For information about how to join a Microsoft Teams meeting, please see the following link.

<https://support.office.com/en-us/article/join-a-meeting-in-teams-1613bb53-f3fa-431e-85a9-d6a91e3468c9>

## MONTHLY ADMINISTRATION / HR SUMMARY REPORT

April 30, 2020

W.C. Claims Expense (12/1/19 - 11/30/20)						
	2015-16 Policy	2016-17 Policy	2017-18 Policy	2018-19 Policy	2019-20 Policy	Total Claims
December	\$ -	\$ 2,023	\$ 5	\$ 4,829	\$ -	\$ 6,857
January			10	24,345	-	24,355
February	241	500		44,862	-	45,602
March	1,739	769	-	5,135	492	8,134
April	962	2,188		4,095	158	7,403
May						
June						
July						
August						
September						
October						
November						
<b>Total Claims Expense</b>	<b>\$ 2,942</b>	<b>\$ 5,479</b>	<b>\$ 15</b>	<b>\$ 83,265</b>	<b>\$ 650</b>	<b>\$ 92,351</b>

**PEDA Payments (included in Total Claims Expense)**

PEDA Reimbursements YTD \$ -

**W.C. Annual Premium**

W.C. Premium \$ 131,080 \$ 139,096 \$ 171,411 \$ 175,442 \$ 156,177

**Self Insured Retention (SIR)**

Self Insured Amount \$ 250,000 \$ 250,000 \$ 250,000 \$ 250,000 \$ 250,000

No. of claims >\$250k	1	1	0	0	0
No. of claims >\$100k & <\$250k	0	1	0	0	0
No. of claims <\$100k	39	44	20	27	7
<b>Total claims paid</b>	<b>40</b>	<b>46</b>	<b>20</b>	<b>27</b>	<b>7</b>

**W.C. Claims**

	2015-16 Policy	2016-17 Policy	2017-18 Policy	2018-19 Policy	2019-20 Policy
W.C. Claims paid prior year	\$ 320,364	\$ 609,121	\$ 32,234	\$ 79,912	\$ -
W.C. Claims paid current year	2,942	5,479	15	83,265	650
<b>Total claims paid</b>	<b>\$ 323,306</b>	<b>\$ 614,600</b>	<b>\$ 32,249</b>	<b>\$ 163,177</b>	<b>\$ 650</b>

Workers' Comp. Claims	Policy Year					
	2015-16 Policy	2016-17 Policy	2017-18 Policy	2018-19 Policy	2019-20 Policy	
	Prior Year Total	Prior Year Total	Prior Year Total	Prior Year Total	DEC-MAR	APR
Administration	1					
Animal Control	6	1	4	2		
Circuit Clerk	1	1	1	1		
Coroner						
County Clerk	1	2				
Facilities				1	1	
Forest Preserve	3	2		3		
Health Dept.	3	2	2	2	1	
Highway	1	2	1	2		
Judiciary						
PBZ						
Probation	1				1	
Public Defender						
Sheriff - Corrections	5	18	2	4	1	2
Sheriff - Patrol/Admin	16	16	10	10		1
State's Attorney	2	2		1		
Technology						
VAC				1		
<b>Totals</b>	<b>40</b>	<b>46</b>	<b>20</b>	<b>27</b>	<b>4</b>	<b>3</b>

# MONTHLY ADMINISTRATION / HR SUMMARY REPORT

April 30, 2020

Property Claims (12/1/19 - 11/30/20)		Policy Year	
Department/Description		Insurance	Total Claims
2019 Ford Explorer/ Sheriff	1/31/2020		4,417
2014 Ford Goshen Bus/ VAC	2/24/2020		384
2007 Ford 650 Bucket Truck/ Highway	2/26/2020	2,515	11,924
2017 Ford/Sheriff	3/20/2020		5,764
			-
			-
	<b>Total</b>	<b>\$ 2,515</b>	<b>\$ 22,488</b>

**Illinois Counties Risk Management Trust**  
**Claims Analysis**  
**5/1/2020**

**Worker's Compensation**

**FY19-20 - Current Year's Total Claims**

	Incident Date	Department/Office	Status	Paid	Missed > 3 Days Work	Returned to Work
1	12/20/2019	Health	open	-	N	Y
2	12/27/2019	Probation	open	397	N	Y
3	12/31/2019	Facilities	open	96	N	Y
4	3/3/2020	Corrections	open	158	N	Y
5	4/11/2020	Corrections	open		N	Y
						Y

Total FY19-20 Claims Paid To Date \$ 650

**Worker's Compensation**

**Prior Years' Active Claims**

	Incident Date	Department/Office	Status	Paid	Missed > 3 Days Work	Returned to Work
	<b>2015-16 Policy</b>					
5	4/12/2016	Sheriff	open	98,507	Y	Y
				98,507		
	<b>2016-17 Policy</b>					
6	2/28/2017	Corrections	open	33,340	Y	Retired
7	10/26/2017	Corrections	closed	405,177	Y	Retired
8	4/19/2017	Sheriff	open	90,436	Y	Retired
9	11/21/2017	Sheriff	closed	219,720	Y	Y
				748,672		
	<b>2017-18 Policy</b>					
10	12/12/2017	Corrections	open	23,205	Y	y
11	5/2/2018	Sheriff	closed	3,432	N	Y
				26,637		
	<b>2018-19 Policy</b>					
12	2/17/2019	Sheriff	open	65,179	Y	Y
13	5/23/2019	VAC	open	31,315	N	Y
14	6/21/2019	Sheriff	open	9,289	N	Y
15	6/29/2019	Corrections	open	28,208	Y	Y
16	8/30/2019	Corrections	open	35	N	Y
17	9/3/2019	Sheriff	open	11,831	N	Y
18	9/19/2019	Sheriff	open	9,013	N	Y
19	11/5/2019	Sheriff	open	1,657	N	y
20	11/6/2019	Health Department	open	116	N	Y
21	11/18/2019	Animal Control	open	223	N	Y
				156,867		

Total Prior Year's Active Claims \$ 1,030,682

**Illinois Counties Risk Management Trust**  
**Claims Analysis**  
**5/1/2020**

**Property & Casualty**

**FY19 -20 Auto PC**

	Incident Date	Department/Office	Status	Paid	Coverage Type
1	11/3/2019	Sheriff	<b>Open</b>		
2	1/31/2020	Sheriff	<b>Open</b>	4,417	
3	2/24/2020	Veterans	<b>Open</b>	384	
4	2/26/2020	Highway	<b>Open</b>	11,924	
5	3/20/2020	Sheriff	<b>Open</b>	<u>5,764</u>	

Total FY19-20 Auto Claims \$ 22,489

**FY18-19 - General Liability**

	Incident Date	Department/Office	Status	Paid	Coverage Type
1	8/16/2019	Sheriff	<b>Open</b>	<u>2,236</u>	

Total FY18-19 General Liability Claims \$ 2,236

**Prior Years'- General Liability**

	Incident Date	Department/Office	Status	Paid	Coverage Type
<b>2015-16 Policy</b>					
1	8/9/2016	Sheriff	<b>open</b>	53,607	Law Enforcement Liability
2	11/4/2016	Sheriff	<b>open</b>	<u>16,665</u>	Law Enforcement Liability
				70,273	
<b>2016-17 Policy</b>					
3	9/23/2014	Various	<b>closed</b>	<u>16,742</u>	General Liability
				16,742	
<b>2017-18 Policy</b>					
4	7/1/2018	Sheriff	<b>open</b>	<u>3,702</u>	General Liability

Total Prior Year's General Liability Claims \$ 88,866

## MONTHLY ADMINISTRATION / HR SUMMARY REPORT

May 31, 2020

<b>W.C. Claims Expense (12/1/19 - 11/30/20)</b>						
	2015-16 Policy	2016-17 Policy	2017-18 Policy	2018-19 Policy	2019-20 Policy	Total Claims
December	\$ -	\$ 2,023	\$ 5	\$ 4,829	\$ -	\$ 6,857
January			10	24,345	-	24,355
February	241	500		44,862	-	45,602
March	1,739	769	-	5,135	492	8,134
April	962	2,188		4,095	158	7,403
May	185	407		1,869	15	2,476
June						
July						
August						
September						
October						
November						
<b>Total Claims Expense</b>	<b>\$ 3,127</b>	<b>\$ 5,886</b>	<b>\$ 15</b>	<b>\$ 85,134</b>	<b>\$ 665</b>	<b>\$ 94,827</b>

**PEDA Payments (included in Total Claims Expense)**

PEDA Reimbursements YTD \$ -

**W.C. Annual Premium**

W.C. Premium \$ 131,080 \$ 139,096 \$ 171,411 \$ 175,442 \$ 156,177

**Self Insured Retention (SIR)**

Self Insured Amount \$ 250,000 \$ 250,000 \$ 250,000 \$ 250,000 \$ 250,000

No. of claims >\$250k	1	1	0	0	0
No. of claims >\$100k & <\$250k	0	2	0	0	0
No. of claims <\$100k	39	43	20	27	8
<b>Total claims paid</b>	40	46	20	27	8

**W.C. Claims**

	2015-16 Policy	2016-17 Policy	2017-18 Policy	2018-19 Policy	2019-20 Policy
W.C. Claims paid prior year	\$ 320,364	\$ 609,121	\$ 32,234	\$ 79,912	\$ -
W.C. Claims paid current year	3,127	5,886	15	85,134	665
<b>Total claims paid</b>	\$ 323,491	\$ 615,007	\$ 32,249	\$ 165,046	\$ 665

Workers' Comp. Claims	Policy Year					
	2015-16 Policy	2016-17 Policy	2017-18 Policy	2018-19 Policy	2019-20 Policy	
	Prior Year Total	Prior Year Total	Prior Year Total	Prior Year Total	DEC-APR	MAY
Administration	1					
Animal Control	6	1	4	2		
Circuit Clerk	1	1	1	1		1
Coroner						
County Clerk	1	2				
Facilities				1	1	
Forest Preserve	3	2		3		
Health Dept.	3	2	2	2	1	
Highway	1	2	1	2		
Judiciary						
PBZ						
Probation	1				1	
Public Defender						
Sheriff - Corrections	5	18	2	4	2	
Sheriff - Patrol/Admin	16	16	10	10	1	
State's Attorney	2	2		1		
Technology						
VAC				1		
<b>Totals</b>	40	46	20	27	7	1





**Illinois Counties Risk Management Trust**  
**Claims Analysis**  
**6/1/2020**

**Worker's Compensation**

**FY19-20 - Current Year's Total Claims**

	Incident Date	Department/Office	Status	Paid	Missed > 3 Days Work	Returned to Work
1	12/20/2019	Health	open	-	N	Y
2	12/27/2019	Probation	open	397	N	Y
3	12/31/2019	Facilities	open	96	N	Y
4	3/3/2020	Corrections	open	173	N	Y
5	4/11/2020	Corrections	open		N	Y
6	5/27/2020	Circuit Clerk	open			Y

Total FY19-20 Claims Paid To Date \$ 665

**Worker's Compensation**

**Prior Years' Active Claims**

	Incident Date	Department/Office	Status	Paid	Missed > 3 Days Work	Returned to Work
	<b>2015-16 Policy</b>					
5	4/12/2016	Sheriff	open	98,692	Y	Y
				98,692		
	<b>2016-17 Policy</b>					
6	2/28/2017	Corrections	closed	159,492	Y	Retired
7	10/26/2017	Corrections	closed	405,177	Y	Retired
8	4/19/2017	Sheriff	open	90,658	Y	Retired
9	11/21/2017	Sheriff	closed	219,720	Y	Y
				875,046		
	<b>2017-18 Policy</b>					
10	12/12/2017	Corrections	open	23,205	Y	y
11	5/2/2018	Sheriff	closed	3,432	N	Y
				26,637		
	<b>2018-19 Policy</b>					
12	2/17/2019	Sheriff	open	65,235	Y	Y
13	5/23/2019	VAC	open	33,129	N	Y
14	6/21/2019	Sheriff	open	9,289	N	Y
15	6/29/2019	Corrections	open	28,208	Y	Y
16	8/30/2019	Corrections	open	35	N	Y
17	9/3/2019	Sheriff	open	11,831	N	Y
18	9/19/2019	Sheriff	open	9,021	N	Y
19	11/5/2019	Sheriff	open	1,657	N	y
20	11/6/2019	Health Department	open	116	N	Y
21	11/18/2019	Animal Control	open	223	N	Y
				158,744		

Total Prior Year's Active Claims \$ 1,159,118

**Illinois Counties Risk Management Trust**  
**Claims Analysis**  
**6/1/2020**

**Property & Casualty**

**FY19 -20 Auto PC**

	Incident Date	Department/Office	Status	Paid	Coverage Type
1	11/3/2019	Sheriff	<b>Open</b>		
2	1/31/2020	Sheriff	<b>Open</b>	4,417	
3	2/24/2020	Veterans	<b>Open</b>	384	
4	2/26/2020	Highway	<b>Open</b>	11,924	
5	3/20/2020	Sheriff	<b>Open</b>	5,764	

Total FY19-20 Auto Claims \$ 22,489

**FY18-19 - General Liability**

	Incident Date	Department/Office	Status	Paid	Coverage Type
1	8/16/2019	Sheriff	<b>Open</b>	2,236	

Total FY18-19 General Liability Claims \$ 2,236

**Prior Years'- General Liability**

	Incident Date	Department/Office	Status	Paid	Coverage Type
<b>2015-16 Policy</b>					
1	8/9/2016	Sheriff	<b>open</b>	53,607	Law Enforcement Liability
2	11/4/2016	Sheriff	<b>open</b>	16,665	Law Enforcement Liability
				70,273	
<b>2016-17 Policy</b>					
3	9/23/2014	Various	<b>closed</b>	16,742	General Liability
				16,742	
<b>2017-18 Policy</b>					
4	7/1/2018	Sheriff	<b>open</b>	3,702	General Liability

Total Prior Year's General Liability Claims \$ 88,866

# EMPLOYEE RIGHTS

## PAID SICK LEAVE AND EXPANDED FAMILY AND MEDICAL LEAVE UNDER THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT

The **Families First Coronavirus Response Act (FFCRA or Act)** requires certain employers to provide their employees with paid sick leave and expanded family and medical leave for specified reasons related to COVID-19. These provisions will apply from April 1, 2020 through December 31, 2020.

### ▶ PAID LEAVE ENTITLEMENTS

Generally, employers covered under the Act must provide employees:

Up to two weeks (80 hours, or a part-time employee's two-week equivalent) of paid sick leave based on the higher of their regular rate of pay, or the applicable state or Federal minimum wage, paid at:

- 100% for qualifying reasons #1-3 below, up to \$511 daily and \$5,110 total;
- $\frac{2}{3}$  for qualifying reasons #4 and 6 below, up to \$200 daily and \$2,000 total; and
- Up to 12 weeks of paid sick leave and expanded family and medical leave paid at  $\frac{2}{3}$  for qualifying reason #5 below for up to \$200 daily and \$12,000 total.

A part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

### ▶ ELIGIBLE EMPLOYEES

In general, employees of private sector employers with fewer than 500 employees, and certain public sector employers, are eligible for up to two weeks of fully or partially paid sick leave for COVID-19 related reasons (see below). *Employees who have been employed for at least 30 days* prior to their leave request may be eligible for up to an additional 10 weeks of partially paid expanded family and medical leave for reason #5 below.

### ▶ QUALIFYING REASONS FOR LEAVE RELATED TO COVID-19

An employee is entitled to take leave related to COVID-19 if the employee is unable to work, including unable to **telework**, because the employee:

- |   |   |
|---|---|
| <ol style="list-style-type: none"><li>1. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;</li><li>2. has been advised by a health care provider to self-quarantine related to COVID-19;</li><li>3. is experiencing COVID-19 symptoms and is seeking a medical diagnosis;</li><li>4. is caring for an individual subject to an order described in (1) or self-quarantine as described in (2);</li></ol> | <ol style="list-style-type: none"><li>5. is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons; or</li><li>6. is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services.</li></ol> |
|---|---|

### ▶ ENFORCEMENT

The U.S. Department of Labor's Wage and Hour Division (WHD) has the authority to investigate and enforce compliance with the FFCRA. Employers may not discharge, discipline, or otherwise discriminate against any employee who lawfully takes paid sick leave or expanded family and medical leave under the FFCRA, files a complaint, or institutes a proceeding under or related to this Act. Employers in violation of the provisions of the FFCRA will be subject to penalties and enforcement by WHD.



**WAGE AND HOUR DIVISION**  
UNITED STATES DEPARTMENT OF LABOR

For additional information  
or to file a complaint:  
**1-866-487-9243**  
TTY: 1-877-889-5627  
[dol.gov/agencies/whd](https://dol.gov/agencies/whd)



# Families First Coronavirus Response Act Policy

The Families First Coronavirus Response Act (“FFCRA”) requires certain employers to provide the following two forms of job-protected, paid leave to assist eligible employees impacted by COVID-19: Expanded Family and Medical Leave (“EFMLA Leave”) and Emergency Paid Sick Leave (“EPS Leave”). The purpose of this policy is to comply with the FFCRA and to assist employees affected by the COVID-19 outbreak with job-protected leave and pay, where applicable. *This policy will be in effect until December 31, 2020.*

## I. DEFINITIONS

For purposes of this policy, the following definitions will apply:

- A. **Child:** means the employee’s biological, adopted or foster child, a stepchild, a legal ward, or a child of a person standing in loco parentis, who is:
  - i. Under 18 years of age; or
  - ii. Age 18 or older and incapable of self-care because of a mental or physical disability.
  
- B. **Child care provider:** a provider who receives compensation for providing child care services on a regular basis, including:
  - i. A center-based child care provider;
  - ii. A group home child care provider;
  - iii. A family child care provider (i.e., one individual who provides child care services for fewer than 24 hours per day, as the sole caregiver, and in a private residence);
  - iv. Other licensed provider of childcare services for compensation; or
  - v. A child care provider that is 18 years of age or older who provides child care services to children who are either the grandchild, great grandchild, sibling (if such provider lives in a separate residence), niece or nephew of such provider, at the direction of the parent.
  
- C. **Employer:** The **Kendall County \_\_\_\_\_ Office**
  
- D. **Individual:** means an immediate family member, roommate or similar person with whom the employee has a relationship that creates an expectation that the employee would care for the person if he or she self-quarantined or was quarantined. Additionally, the individual being cared for must:
  - i. Be subject to a federal, state or local quarantine or isolation order as described above; or
  - ii. Have been advised by a health care provider to self-quarantine based on a belief that he or she has COVID-19, may have COVID-19 or is particularly vulnerable to COVID-19.
  
- E. **School:** an elementary or secondary school.

## **II. EFMLA LEAVE**

### **A. Employee Eligibility**

All current employees who have been employed with the Employer for at least 30 days and are actively scheduled for work may be eligible for EFMLA leave under this policy.

### **B. Qualifying Reasons for EFMLA Leave**

An eligible employee is entitled to take EFMLA leave if the employee is unable to work or telework due to a need to care for the employee's child when a school or place of care has been closed, or when the regular childcare provider is unavailable due to a public health emergency with respect to COVID-19.

*The Employer's existing FMLA leave policy still applies to all other FMLA-qualifying reasons for leave outside of this EFMLA Leave Policy.*

### **C. Duration of EFMLA Leave**

Eligible employees may receive up to a total of twelve (12) work weeks of EFMLA leave to use from April 1, 2020, through December 31, 2020, for the qualifying reasons set forth above. This time is included in, and not in addition to, the total FMLA leave entitlement of 12 work weeks in a 12-month period. For example, if an employee has already taken six (6) work weeks of FMLA leave for another FMLA qualifying reason (e.g., birth of a child), that employee would be eligible only for six (6) weeks of EFMLA leave.

An eligible employee may take EFMLA leave intermittently in the sole discretion of the Employer.

### **D. Pay During EFMLA Leave**

#### **1. During the First 10 Work Days of EFMLA Leave**

For the first 10 work days, EFMLA leave is unpaid. During this 10 day period, an eligible employee may elect to use paid EPS leave as set forth below (if eligible) or their accrued paid vacation, sick or personal leave time.

#### **2. After the First 10 Work Days of EFMLA Leave**

After the first 10 work days of EFMLA leave, EFMLA leave will be paid at two-thirds of an employee's regular rate of pay for the number of hours the employee would otherwise be scheduled to work. However, the employee's EFMLA leave pay during this time period cannot exceed \$200 per day and \$10,000 in total (or \$12,000 in total if the employee used paid EPS leave during the first ten (10) work days of EFMLA leave).

Employees may supplement the two-thirds EFMLA leave pay with their accrued paid vacation, sick or personal leave time so long as the employee's pay rate does not exceed 100% of their

regular pay. For example, an employee may choose to use one-third of an hour of accrued personal leave for each hour of EFMLA leave taken to reach 100% of their normal pay rate per hour.

#### **E. Employee Status and Benefits During EFMLA Leave**

While an employee is on EFMLA leave, the employee's health benefits may continue at the same level and under the same conditions as if the employee had continued to work. While on paid EFMLA leave, payroll deductions will continue for the employee's share of the premium. During any unpaid portions of EFMLA leave, the employee must continue to make this payment per instructions from the Employer.

If the employee contributes to a life insurance or disability plan, payroll deductions will continue while the employee is on paid EFMLA leave. During any portion of unpaid EFMLA leave, the employee may request continuation of such benefits and pay their portion of the premiums, or the Employer may elect to maintain such benefits during the EFMLA leave and pay the employee's share of the premium payments. If the employee does not continue these payments, the Employer may discontinue coverage during the EFMLA leave. If the Employer maintains coverage, the Employer may recover the costs incurred for paying the employee's share of any premiums, whether or not the employee returns to work.

#### **F. Employee Status After EFMLA Leave**

Generally, an employee who takes EFMLA leave will be able to return to the same position or a position with equivalent status, pay, benefits and other employment terms. The Employer may choose to exempt certain key employees from this requirement and not return them to the same or similar position when doing so will cause substantial and grievous economic injury to business operations. Key employees will be given written notice of their status as a key employee at the time EFMLA leave is requested.

### **III. EPS LEAVE**

#### **A. Employee Eligibility**

All current full-time and part-time employees of the Employer may be eligible for EPS leave.

#### **B. Qualifying Reasons for EPS Leave**

An eligible employee is entitled to EPS leave if the employee is unable to work or telework due to one or more of the following qualifying reasons:

1. The employee is subject to a federal, state or local quarantine or isolation order related to COVID-19.
2. The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
3. The employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis.

4. The employee is caring for an individual who is subject to either number 1 or 2 above.
5. The employee is caring for his or her child if the school or place of care of the child has been closed, or the child care provider of such child is unavailable, due to COVID-19 precautions.
6. The employee is experiencing any other substantially similar condition specified by the U.S. Department of Health and Human Services.

**C. Duration of EPS Leave**

All eligible full-time employees will have up to 80 hours of paid EPS leave available to use for the qualifying reasons above. Eligible part-time employees are entitled to the number of hours worked, on average, over a two-week period.

When working from home, employees may take EPS leave intermittently and in any increment agreed to by the Employer. For those not teleworking and currently working onsite, an employee may only take intermittent EPS leave for the reason set forth in Section III(B)(5) above.

**D. Pay During EPS Leave**

EPS leave will be paid at the employee's regular rate of pay, or minimum wage, whichever is greater, for EPS leave taken for the reasons set forth in Section III(B)(1) through Section III(B)(3) above.

Employees taking leave for reasons set forth in Section III(B)(4) through Section III(B)(6) will be compensated at two-thirds their regular rate of pay, or minimum wage, whichever is greater.

EPS leave pay shall not exceed:

- \$511 per day and \$5,110 in total for leave taken for reasons set forth in Section III(B)(1) through Section III(B)(3) above.
- \$200 per day and \$2,000 in total for leave taken for reasons set forth in Section III(B)(4) through Section III(B)(6) above.

Paid EPS leave will not be provided beyond December 31, 2020. Any unused EPS leave will not carry over to the next year or be paid out to employees.

**E. Interaction With Other Paid Leave**

The employee may use EPS leave before using any other accrued paid time off for the qualifying reasons stated above. Employees on EFMLA leave may use EPS leave concurrently with their EFMLA leave. EPS leave may also be used when an employee is on leave under traditional FMLA for the employee's own COVID-19-related serious health condition or to care for a qualified family member with such a condition.

**IV. PROCEDURE FOR REQUESTING EFMLA AND/OR EPS LEAVE**

Employees must notify the Employer of the need for EFMLA leave and/or EPS leave as soon as practical. Upon receipt of such a request, the Employer will provide the employee with a FFCRA Leave Request Packet to complete and return to the Employer in a timely manner. Failure to complete the FFCRA Leave Request Packet and/or failure to provide requested documentation may result in the denial of the employee's leave request. The Employer may require an employee on EFMLA leave and/or EPS leave to report periodically on their status and intent to return to work.

**V. NO RETALIATION**

The Employer shall not retaliate against any employee for engaging in protected activity under the FFCRA.

SAMPLE



# FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA) LEAVE REQUEST PACKET

## Important Notes

- Prior to requesting leave under the FFCRA, your immediate supervisor must confirm that there is no work-at-home option available for you, if applicable. If work at home options are available, you may not be eligible for leave under the FFCRA.
- Leave taken under the FFCRA must be taken between April 1, 2020 and December 31, 2020.
- These forms should only be used to request leave offered through the FFCRA. Requests for other Family and Medical Leave Act (FMLA) leave should be requested using the Employer's general FMLA request process pursuant to the Employer's FMLA Policy.

## Instructions

This packet provides instructions on submitting requests to take leave available under the FFCRA, which contains the following paid leave types related to the 2019 novel coronavirus (COVID-19):

1. **EMERGENCY PAID SICK (EPS) LEAVE:** Provides up to 80 hours of paid EPS leave for employees for any one or more of the following six qualifying reasons related to COVID-19:
  - Reason One:** The employee is subject to a federal, state or local quarantine or isolation order related to COVID-19. (An employee taking paid leave for this reason may receive pay provided at their regular rate of pay but said amount cannot exceed \$511.00 per day.)
  - Reason Two:** The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19. (An employee taking paid leave for this reason may receive pay provided at their regular rate of pay but said amount cannot exceed \$511.00 per day.)
  - Reason Three:** The employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis. (An employee taking paid leave for this reason may receive pay at their regular rate of pay but said amount cannot exceed \$511.00 per day.)
  - Reason Four:** The employee is caring for an individual who is subject to an order as described in reason one or has been advised as described in reason two. (An employee taking paid leave for this reason may receive pay at two-third the employee's regular rate of pay but said amount cannot exceed \$200.00 per day.)
  - Reason Five:** The employee is caring for the employee's child if the school or place of care of the child has been closed, or the childcare provider of such child is unavailable, due to COVID-19 precautions. (An employee taking paid leave for this reason may receive

pay at two-thirds the employee's regular rate of pay but said amount cannot exceed \$200.00 per day.)<sup>1</sup>

- **Reason Six:** The employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of Treasury and the Secretary of Labor. (An employee taking paid leave for this reason may receive pay at two-thirds the employee's regular rate of pay but said amount cannot exceed \$200.00 per day.)

***If you are requesting EPS leave, please complete Form A and Form C.***

2. **EXPANDED FAMILY AND MEDICAL LEAVE (EFMLA):** Expands the Family and Medical Leave Act to provide EFMLA leave for employees who are unable to work, including work-from-home, as a result of having to care for a minor child due to a COVID-19 related closure of a school or child care center.

***If you are requesting EFMLA leave, please complete Form B and Form C.***

*The initial 10 days of EFMLA leave are unpaid. However, some eligible employees can have EPS leave run concurrently with EFMLA leave so the employee receives EPS leave pay during the first 10 days of unpaid EFMLA leave. **If you are requesting EPS leave and EFMLA leave to run concurrently for the same time period, please complete all three forms: Form A through Form C.***

**Please promptly return all completed forms to your immediate supervisor or their designee. Failure to provide the completed forms may result in denial of your request for EPS and/or EFMLA leave.**

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<sup>1</sup> EPS leave may run concurrently with Expanded FMLA (EFMLA) leave for this reason. See below.



**REASONS FOR EPS LEAVE:**

I am requesting this EPS leave because of the following reasons (check all applicable reasons below):

- Reason One:** I am subject to a federal, state or local quarantine or isolation order related to COVID-19.
- Reason Two:** My health care provider advised me to self-quarantine due to COVID-19 concerns.
- Reason Three:** I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.
- Reason Four:** I am caring for an individual who is subject to a quarantine/isolation order as described in reason one or I am caring for an individual who has been advised by a healthcare provider to self-quarantine as described in reason two.
- Reason Five:** I am caring for my child because my child's school or place of care is closed or my childcare provider is unavailable due to COVID-19 precautions. (Note: EPS leave may run concurrently with Expanded FMLA (EFMLA) leave for this reason.)
- Reason Six:** I am experiencing another substantially similar condition specified by the U.S. Secretary of Health and Human Services in consultation with the U.S. Secretary of Treasury and the U.S. Secretary of Labor.

Are you unable to work or telework due to the reason you specified above?

- Yes       No

**Required Documentation:** Documentation supporting the need and reason for EPS leave is required. Please complete the applicable sections of the "Employee Statement Supporting Need for EPS Leave" based on the applicable qualifying reasons set forth above and return it with this form.

Is your completed Employee Statement attached?     Yes     No

***By signing my name below, I hereby affirm that all of the above information is true and accurate.***

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

***For administration use only:***

Is the request for EPS leave approved?     Yes     No

Approved by:		Date:	
Forwarded to payroll:		Date:	

**EMPLOYEE STATEMENT SUPPORTING NEED FOR EPS LEAVE**

I, \_\_\_\_\_, provide the following information in support of my request for EPS leave (complete all sections that apply):

**1. Reason #1 or #4: EPS leave needed due to a government issued quarantine or isolation order.**

Name of the issuing government agency for the quarantine or isolation order:

Effective dates of the government-issued quarantine or isolation order: \_\_\_\_\_

The person subject to the quarantine order is not me. The name and relationship of the quarantined person who I need to care for is:

Name:

Relation:

**2. Reason #2 or #4: EPS leave needed due to a health care provider's advice to self-quarantine.**

Name of the health care provider who provided the medical advice to self-quarantine:

Written documentation from healthcare provider is available and attached: Yes No

The person subject to the self-quarantine advice is not me. The name and relationship of the self-quarantined person who I need to care for is:

Name:

Relation:

**3. Reason #3: EPS leave needed because I am experiencing COVID-19 symptoms, and I am currently seeking a medical diagnosis.**

I am experiencing all of the following COVID-19 related symptoms:

I have an appointment scheduled with my healthcare provider to obtain a medical diagnosis?

Yes       No

If yes, here is the name of my healthcare provider and date of my appointment:

If no, these are all of the affirmative steps that I have taken to obtain a medical diagnosis:

**4. Reason #5: EPS leave needed to care for my child due to a COVID-19 related school or childcare closure.**

Name and age of my child(ren) I am needed to care for during my EPS leave:

Child's Name:		Age:	
Child's Name:		Age:	
Child's Name:		Age:	

Name of my child(ren)'s school or place of childcare that is closed due to COVID-19 related concerns:

Name of my child(ren)'s caregiver unavailable due to concerns related to COVID-19:

No other suitable person is available to care for my child for the requested leave period due to the following reason(s):

The special circumstances requiring my need for EPS leave to care for my child between the ages of 15-17 are the following:

**5. Reason #6: EPS leave needed due to a substantially similar condition specified by the U.S. Secretary of Health and Human Services**

Provide details regarding your need for this EPS leave:

*Please attach additional pages, if necessary.*

***By signing my name below, I attest that the information that I have provided in this statement is accurate and complete. I also understand that my falsification of any information in this statement may result in disciplinary action up to and including termination of employment.***

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**EXPANDED FMLA LEAVE REQUEST FORM**

To request expanded FMLA (EFMLA) leave as provided under the Families First Coronavirus Response Act (FFRCA), please complete the following request form and submit to your immediate supervisor or their designee as soon as possible. This form should only be used for COVID-19 related expanded FMLA (EFMLA) leave. Leave requested under other provisions of the FMLA (e.g., birth of child) should be requested in accordance with the Employer’s FMLA Policy.

<b>Employee Name:</b>	
<b>Job Title:</b>	
<b>Date Submitted:</b>	

**ENTER EFMLA LEAVE REQUEST HERE:**

Enter the dates and hours of EFMLA leave requested in the table below. For whole days of EFMLA leave, please enter “N/A” in the right column. You may submit a single request for multiple dates.

Date(s) of Requested EFMLA Leave	EFMLA Leave Hours Requested (For full day requests, enter N/A)

Please attach additional pages if necessary.

**Required Documentation:** Please complete the attached “Employee Statement Supporting Need for EFMLA Leave” and return it with this form.

Is your completed Employee Statement attached? Yes No

**By signing my name below, I hereby affirm that all of the above information is true and accurate.**

\_\_\_\_\_  
Employee’s Signature

\_\_\_\_\_  
Date

***For administration use only:***

Is the request for EPS leave approved? Yes No

Approved by:		Date:	
Forwarded to payroll:		Date:	



**EMPLOYEE STATEMENT SUPPORTING NEED FOR EFMLA LEAVE**

I, \_\_\_\_\_, provide the following information in support of my request for Expanded FMLA (EFMLA) leave:

I am unable to work or telework (i.e., work remotely) because I have to care for my minor child due to a COVID-19 related closure of my child’s school, place of care, or child care provider.

Yes       No

Name and age of my child(ren) I am needed to care for during my EFMLA leave:

Child’s Name:		Age:	
Child’s Name:		Age:	
Child’s Name:		Age:	

Name of my child(ren)’s school, place of care, or child care provider that is closed or became unavailable due to COVID-19 reasons:

No other suitable person is available to care for my child for the requested leave period due to the following reason(s):

The special circumstances requiring my need for EFMLA leave to care for my child between the ages of 15-17 are the following:

*Please attach additional pages, if necessary.*

***By signing my name below, I attest that the information that I have provided in this statement is accurate and complete. I also understand that my falsification of any information in this statement may result in disciplinary action up to and including termination of employment.***

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Supplemental Pay Form for EPS Leave and EFMLA Leave**

<b>Employee Name:</b>	
<b>Job Title:</b>	
<b>Date Submitted:</b>	

Emergency paid sick (EPS) leave and Expanded FMLA (EFMLA) leave are subject to pay caps under the Families First Coronavirus Response Act (FFCRA). So, some employees may receive less than their normal rate of pay during EPS leave and/or EFMLA leave. Employees may use other available accrued leave (e.g., accrued personal or banked sick leave, compensatory time, etc.) to supplement this benefit and receive up to 100% of the employee’s regular wage. *Please note that employees cannot use an amount of accrued time that would result in the employee receiving more pay than their regular wage rate.*

**Would you like to use your other accrued leave time (e.g., personal, banked sick, compensatory time, etc.) to supplement your EPS leave and/or EFMLA leave pay so that you receive up to 100% of your regular wage rate?**

- Yes       No

**If you answered “yes” to the question above, please answer the below questions.**

<b>Date of Leave</b>	<b>Type of accrued leave time to be used to supplement your EPS/EFMLA Leave pay</b>	<b>Amount of accrued leave time to be applied</b>
<i>Example: May 1, 2020</i>	<i>Personal time</i>	<i>2.0 hours of personal time</i>

*Please attach additional pages, if necessary.*

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***For administration use only:***

Approved by:		Date:	
Forwarded to payroll:		Date:	