



City of Annapolis

COVID-19 Pandemic Policy in response to: Families First Coronavirus Response Act (FFCRA) Effective 4/1/2020, due to the current global Coronavirus pandemic (COVID-19)

Effective April 1, 2020

I. Purpose

The purpose of this policy is to communicate the law established under the Families First Coronavirus Response Act (FFCRA), in response to the COVID-19 pandemic currently happening in the local community, state, nation and world. This policy will aid City of Annapolis employees to understand their rights under this law. This policy and law are temporary, as they take effect on April 1, 2020, and will expire on December 31, 2020.

II. Emergency Federal Paid Sick Leave

Employees may qualify for FFCRA Emergency Federal Paid Sick Leave. This Emergency Federal Paid Sick Leave will be available in addition to any sick leave already accrued by the employee and the use of this Emergency Federal Paid Sick Leave will not be deducted from an employee's existing sick leave accrual. Emergency Federal Paid Sick Leave is paid sick time for employees who are unable to work (or telework) due to the need for leave for the following 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 is seeking a medical diagnosis;
4. The employee is caring for an individual who is subject to an order as described in (1) above or has been advised as described (2) above;
5. The employee is caring the employee's "son or daughter" if the school or place of care of the "son or daughter" has been closed or the childcare provider of such "son or daughter" is unavailable due to COVID-19 precautions (*See Definitions of "son or daughter", child care provider, and school in Section V-Definitions*) ; or
6. The employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.

* *Eligibility Restrictions: An Employer may elect to exclude an employee who is a health care provider or an emergency responder from the application of Emergency Paid Sick Leave provisions under the Act, and the City of Annapolis has elected, pursuant to law, to include employees meeting the definition of a health care provider or an emergency responder under certain provisions of the Emergency Paid Sick Leave. (See Definitions, Section V.) Employees in either of these categories should talk with their supervisor or Department Head for further information.*

The following rules apply to employees who qualify for FFCRA Emergency Federal Paid Sick Leave:

- Emergency Federal Paid Sick Leave is available for immediate use for the purposes described in this document, regardless of how long the employee has been employed by the employer.

- Employees are not required to use other paid leave provided by the employer, before using Emergency Federal Paid Sick Leave.
- Employees are not required to search for or find a replacement employee to cover the hours during which the employee is using Emergency Federal Paid Sick Leave.
- Emergency Federal Paid Sick Leave shall cease, beginning with the employee's next scheduled work shift immediately following the termination of the need for Emergency Federal Paid Sick Leave.
- Employees may use Emergency Federal Paid Sick Leave for the purposes described under Family Medical Leave Act Expansion (EFMLAE), Section III of this document.
- Emergency Federal Paid Sick Leave shall not carry over from one year to the next.
- Full-time employees will be paid up to 80 hours, as long as the need for Emergency Federal Paid Sick Leave, as defined above, is present.
- Part-time employees will be paid up to the average number of hours worked over a two-week period, for as long as the need for Emergency Federal Paid Sick Leave, as defined above, is present.
- Emergency Federal Paid Sick Leave will be calculated as follows:
 - For items 1, 2 and 3 in Section II (essentially, the employee's own COVID-related condition), the employee's regular rate of pay, not to exceed \$511 per day and \$5,110.00 total.
 - For items 4, 5 and 6 in Section II (essentially caring for another and/or substantially similar conditions), two-thirds of the employee's regular rate of pay, not to exceed \$200 per day and \$2,000.00 total.
 - Employees who fall under 4 and/or 6 in Section II may choose to supplement unpaid portions with their own individual accrued leave available to them; sick leave accrual for 4 and/or 6 in Section II may be used only if eligible for sick leave under the employee's Personnel Policy Manual. Employees who fall under 5 in Section II may choose to supplement unpaid portions with vacation leave accrual or comp time hours available to them; sick leave accrual is *not* available for 5 in Section II.

III. Emergency Family and Medical Leave Act Expansion (EFMLAE) - Reason 5

Employees may qualify for Emergency Family and Medical Leave Act Expansion (FFCRA/EFMLAE). Eligible employees are entitled to up to 12 weeks of FFCRA/EFMLAE leave for a qualifying need related to the COVID-19 public health emergency, provided the employee has not exhausted Traditional FMLA prior to the need for FFCRA/EFMLAE. Employees who have used a portion of their Traditional FMLA, yet have a balance remaining, may use the remainder for either Traditional FMLA eligible purposes or FFCRA/EFMLAE eligible purposes. Traditional Family and Medical Leave will continue to remain available to all employees otherwise entitled to such leave, unpaid and under existing Employer policy, and its provisions are only changed herein insofar as the application of this policy. To be eligible for FFCRA/EFMLAE, the employee must meet both of the following conditions:

1. Employee must have been employed with the City of Annapolis for at least 30 calendar days prior to the date your leave would begin; and
2. Employee must be unable to work (or telework) due to a need for leave to care for a "son or daughter" under 18 years of age of such employee, if the school or place of care has been closed, or the child care provider of such "son or daughter" is unavailable, due to the recent public health emergency (COVID-19).

* *Eligibility Restrictions: An Employer may elect to exclude an employee who is a health care provider or an emergency responder from the application of the Emergency Family and Medical Leave Act Expansion provisions under the Act, and the City of Annapolis has elected, pursuant to law, to exclude from eligibility any employees meeting the definition of a health care provider or an emergency responder. (See Definitions, Section V) Employees in either of these categories should talk with their supervisor or Department Head for further information.*

The following rules apply to employees who qualify for FFCRA/EFMLAE:

- FFCRA/EFMLAE begins on the first day of an employee's absence.
- The first ten (10) days of leave will be unpaid under FFCRA/EFMLAE. Employees have the option to use any vacation accrual or comp time hours in order to be paid during this time. Employees may also use Emergency Federal Paid Sick Leave (Section II of this Policy); however, personal sick accrual is not available for this purpose.
- After the initial ten (10) days, paid leave will be provided by the City of Annapolis for each day of the public health emergency remaining (not to exceed the employee's overall FMLA entitlement), as follows: Paid leave will be an amount not less than two-thirds of the employee's regular rate of pay, for the number of hours the employee would otherwise be normally scheduled to work. Paid leave shall not exceed \$200 per day and \$10,000.00 total, or \$200 per day and \$12,000.00 total if the employee uses Emergency Sick Leave in conjunction with this Public Health Emergency Leave. Employees may choose to supplement unpaid portions with vacation leave accrual and/or comp time hours available to them; however, personal sick accrual is not available for this purpose.
- It is important that the employee track his/her FMLA days off separately from his/her FFCRA/EFMLAE days off, so that tracking and pay will be accurate and according to the law.

Important FFCRA/EFMLAE Information:

- FFCRA/EFMLAE is an *expansion* of an employee's current FMLA rights. This means it is not in addition to the current 12-week period. If an employee has a health condition that is not listed in this policy, but is eligible for traditional FMLA, time off under both will be counted towards one 12-week period.
- FFCRA/EFMLAE offers employees assurance of job security and health insurance benefits, the same as traditional FMLA.
- Employees should refer to their Personnel Policy Manual for additional information on traditional FMLA.
- Employees who exhaust their FMLA/FFCRA/EFMLAE and are still not able to return to work, should contact their supervisor as soon as possible, so that other possible options can be discussed and considered.
- This policy reflects recent law changes for the public health emergency at hand and may not mirror the same rules for traditional FMLA and sick leave, under Federal guidelines and the employee's Personnel Policy Manual.

IV. Employee Requirements

Employees, if eligible for either of the above leave accommodations, must fill out an FFCRA/EFMLAE Request for Leave as soon as practicable. Failure to provide practicable notice may result in the employee being absent without approved leave.

After the first workday (or portion thereof) that an employee receives Emergency Federal Paid Sick Leave and/or FFCRA/EFMLAE leave under this Act, the Employee must follow reasonable notice procedures in order to continue receiving such paid sick leave. This also allows City offices to continue to plan ahead and operate in the most efficient means.

This policy cannot account for every situation that this pandemic brings forth, so employees who feel their situation and/or circumstance, in whole or in part, is either unique or not described in this policy, or have any questions whatsoever, should contact their supervisor and/or Department Head.

V. Definitions

Child Care Provider means a provider who receives compensation for providing child care services on a regular basis.

School means an 'elementary school' or 'secondary school' as such terms are defined in section 101 of the Elementary and Secondary Education Act of 1965 (20 U.S.C. 7801).

Son or daughter means your own child, which includes your biological, adopted, or foster child, your stepchild, a legal ward, or a child for whom you are standing in loco parentis—someone with day-to-day responsibilities to care for or financially support a child. For additional information about in loco parentis, see Fact Sheet #28B: Family and Medical Leave Act (FMLA) leave for birth, placement, and bonding or to care for a child with a serious health condition on the basis of an "in loco parentis" relationship.

In light of Congressional direction to interpret definitions consistently, WHD clarifies that under the FFCRA a "son or daughter" is also an adult "son or daughter" (i.e., one who is 18 years of age or older), who (1) has a mental or physical disability, and (2) is incapable of self-care because of that disability. For additional information on requirements relating to an adult "son or daughter", see Fact Sheet #28K and/or call our toll free information and help line available 8 am–5 pm in your time zone, 1-866-4US-WAGE (1-866-487-9243).

Exclusions. For purposes of those employees who are excluded from receiving benefits under this policy due to their status as a "Health Care Provider" or "Emergency Responder," the following employees are excluded:

- a. Health Care Provider. A "health care provider" is anyone employed at any doctor's office, hospital, health care center, clinic, post-secondary educational institution offering health care instruction, medical school, local health department or agency, nursing facility, retirement facility, nursing home, home health care provider, any facility that performs laboratory or medical testing, pharmacy, or any similar institution, employer, or entity. This includes any permanent or temporary institution, facility, location, or site where medical services are provided that are similar to such institutions.

This definition includes any individual employed by an entity that contracts with any of the above institutions, employers, or entities institutions to provide services or to maintain the operation of the facility. This also includes anyone employed by any entity that provides medical services, produces medical products, or is otherwise involved in the making of COVID-19 related medical equipment, tests, drugs, vaccines, diagnostic vehicles, or treatments. This also includes any individual that the highest official of a state or territory, including the District of Columbia, determines is a health care provider necessary for that state's or territory's or the District of Columbia's response to COVID-19.

- b. Emergency Responder. An "emergency responder" is an employee who is necessary for the provision of transport, care, health care, comfort, and nutrition of such patients, or whose services are otherwise needed to limit the spread of COVID-19. This includes but is not limited to military or national guard, law enforcement officers, correctional institution personnel, fire fighters, emergency medical services personnel, physicians, nurses, public health personnel, emergency medical technicians, paramedics, emergency management personnel, 911 operators, public works personnel, and persons with skills or training in operating specialized equipment or other skills needed to provide aid in a declared emergency as well as individuals who work for such facilities employing these individuals

and whose work is necessary to maintain the operation of the facility. This also includes any individual that the State or City of Annapolis determines is an emergency responder necessary for the response to COVID-19.

VI. Employer Cautions

Any and all situations and/or circumstances not defined in this policy, in whole or in part, shall refer to the full version of the FFCRA/EFMLAE for further explanation and detail. Furthermore, all statements in this document relate to this document only, completely and entirely, and are deemed separate, but in addition to, the Employee's current sick leave policy and/or traditional FMLA, until expiration on 12/31/2020 or sooner, as described within.

This policy will not supersede the official FFCRA/EFMLAE, nor will this policy supersede any changes made to the official FFCRA/EFMLAE between the date of passage of this policy and the enactment of this policy, on 4/1/2020.

This policy will be null and void at 11:59pm on 12/31/2020, or until the current COVID-19 pandemic has ended or lessened, as declared by Federal, State or City Authority.

The City of Annapolis is making every effort to handle essential business and at the same time, keep employees and the public safe, and appreciate your patience and cooperation during this very difficult time.



REQUEST FOR LEAVE FOR: **Emergency Family and Medical Leave Act Expansion (EFMLAE) - Reason 5**

Effective April 1, 2020, and ending on December 31, 2020, employees will be entitled to the limited use, expanded leave under the Families First Coronavirus Response Act (FFCRA) and Emergency Family and Medical Leave Expansion Act (EFMLAE). As a result, any employee requesting leave under this Act shall complete this form in accordance with the Employer’s FFCRA/EFMLAE Policy.

Employees are asked to read the above Covid-19 Pandemic Policy in its entirety prior to filling out and submitting this form. You will be required to provide proper notice regarding the reason for your Leave Request.

Employee Name: _____ **Department:** _____

I certify that I am unable to work (or telework) due to a need to care for my son and/or daughter under 18 years of age that resides with me, because such child(ren)’s child care provider, school or place of care has closed in response to the recent public health emergency (COVID-19).

Beginning Date of Leave (cannot be prior to April 1, 2020): _____

Will Leave be used intermittently? **No** **Yes***

**If Leave will be used intermittently, you will be responsible for coordinating your leave dates with your Supervisor and/or Department Head and must give proper notice prior to any absences.*

Please list the name(s), and age(s) of child(ren):

Please list the name of the school(s) or child care provider(s) that are closed or became unavailable due to coronavirus reasons:

The first two weeks of leave are unpaid under the Emergency Family and Medical Leave Act Expansion (EFMLAE), but you may use your own individual accrued leave (excluding sick leave) or request Emergency Federal Paid Sick Leave.

The remaining 10 weeks will be covered by the Emergency Family and Medical Leave Act Expansion (EFMLAE) and paid at 2/3 your regular rate of pay based on your regularly scheduled hours not to exceed \$200 a day and \$10,000. Prior use of FMLA within the last 12 months may reduce the amount of EFMLA you are eligible for. You may supplement the remaining 1/3 pay with your own individual accrued leave (excluding sick leave).

Please see your options on the next page and make your selection(s).

Leave Options for the first 2 weeks:

I would to take leave without pay (LWOP) for the full 2 weeks (10 days).

I would like to use my own individual leave.

- Leave will be paid at your full rate of pay.
- You may use any combination of available Vacation, Personal, Comp Time, or Longevity Leave. You may not use your own Sick Leave for this purpose.
- You may use a combination of your paid leave with LWOP if you do not have enough to cover the 2 weeks or would like to save leave for use at a later time.

I am applying for Emergency Federal Paid Sick Leave under the Families First Coronavirus Response Act (FFCRA) – Reason 5.

- Leave will be paid at 2/3 your rate of pay not to exceed \$200 a day or \$2000 total.
- This Sick Leave is separate from your own individual accrued Sick Leave.
- If you elect to use Emergency Sick Leave for this purpose, you will not be eligible to use the Emergency Sick Leave for any other Reasons provided by the FFCRA at later dates.
- Please contact your Supervisor and/or Department Head if you have questions regarding the use of this leave.

I would also like to use my own individual leave to supplement the remaining 1/3 of my pay during all or part of any period I am being paid 2/3 of my pay.

Yes No

- You may use any combination of available Vacation, Personal, Comp Time, or Longevity Leave. You may not use your own Sick Leave for this purpose.

IMPORTANT: It will be **your** responsibility to report the total number of hours for each leave type being used to your Supervisor and/or Department Head every pay period. **If no leave is reported, you will receive leave without pay for that time.**

Employee Signature:

By checking this box, I certify all statements herein to be complete and true. Falsification is cause for discipline up to and including termination of employment.

Please Type or Sign your name: _____ Date: _____

Supervisor/Department Head:

Please Type or Sign your name: _____ Date: _____

Human Resources:

Please Type or Sign your name: _____ Date: _____

Approved Not Approved (reason): _____



REQUEST FOR LEAVE FOR: FFCRA Emergency Federal Paid Sick Leave

Effective April 1, 2020, and ending on December 31, 2020, employees will be entitled to the limited use, expanded leave under the Families First Coronavirus Response Act (FFCRA). As a result, any employee requesting leave under this Act shall complete this form in accordance with the Employer's FFCRA Policy.

Employees are asked to read the above Covid-19 Pandemic Policy in its entirety prior to filling out and submitting this form. You will be required to provide proper notice regarding the reason for your Leave Request.

Employee Name: _____ **Department:** _____

Beginning Date of Leave (cannot be prior to April 1, 2020): _____

Reason for Leave (You may only select one reason):

Reason 1 from Section II of the above Covid-19 Pandemic Policy

- The employee is s subject to a Federal, State or local quarantine or isolation order related to COVID-19.

Reason 2 from Section II of the above Covid-19 Pandemic Policy

- The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

Reason 3 from Section II of the above Covid-19 Pandemic Policy

- The employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis.

Reason 4 from Section II of the above Covid-19 Pandemic Policy

- The employee is caring for an individual who is subject to an order as described in (1) or has been advised as described in (2)

Reason 6 from Section II of the above Covid-19 Pandemic Policy

- The employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.

***Reason 5 from the above Covid-19 Pandemic Policy is not listed here because it only applies to those using EFMLAE due to loss of child care.*

For Reasons 1, 2 and/or 3 above (essentially, the employee's own COVID-related condition), you will be paid at your full regular rate of pay, not to exceed \$511 per day and \$5,110.00 total for up to 10 days. Hours will be based on your regularly scheduled hours.

For Reasons 4 and 6 above (essentially caring for another and/or substantially similar conditions), you will be paid at 2/3 of your regular rate of pay, not to exceed \$200 per day and \$2,000 total. Hours will be based on your regularly scheduled hours. You may supplement the remaining 1/3 of your pay with your own individual accrued leave. It will be your responsibility to report the total number of hours for each additional leave type being used each pay period

I would also like to use my own individual leave to supplement the remaining 1/3 of my pay during all or part of any period I am being paid 2/3 of my pay.

Yes No

- You may use any combination of available Sick, Vacation, Personal, Comp Time, or Longevity Leave.

IMPORTANT: It will be **your** responsibility to report the total number of hours for each leave type being used to your Supervisor and/or Department Head every pay period. **If no leave is reported, you will receive leave without pay for that time.**

Employee Signature:

By checking this box, I certify all statements herein to be complete and true. Falsification is cause for discipline up to and including termination of employment.

Please Type or Sign your name: _____ Date: _____

Supervisor/Department Head:

Please Type or Sign your name: _____ Date: _____

Office of Emergency Management (OEM):

Please Type or Sign your name: _____ Date: _____

Approved Not Approved (reason): _____

Human Resources:

Please Type or Sign your name: _____ Date: _____

Approved Not Approved (reason): _____