

DEPARTMENT OF HUMAN RESOURCES

520 Main Street, Room 115, Quincy, California 95971

(530) 283-6444 FAX (530) 283-6160

Email: humanresources@countyofplumas.com



Emergency Paid Sick Leave or Emergency Family Medical Leave Expansion Act

Eligible Employees: *All employees* of covered employers are eligible for two weeks of paid sick time for specified reasons related to COVID-19 (FFCRA reason 1, 2, or 3 below). *Employees employed for at least 30 days* are eligible for up to an additional 10 weeks of paid family leave to care for a child under certain circumstances related to COVID-19.

ELIGIBILITY

- Effective date April 1, 2020 through (expires) December 31, 2020
- No Length of service requirement to qualify
- Applies if an employee is unable to work because:
 1. The employee is subject to a government-ordered 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 a Federal, State, or local quarantine or isolation order related to COVID-19 or been advised by a health care provider to self-quarantine due to concerns related to COVID-19 order as described in number 1 above.
 5. The employee is caring for a son or daughter of such employee 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.
 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.

Calculation of Pay:

For leave reasons (1), (2), or (3): employees taking leave are entitled to pay at either their regular rate or the applicable minimum wage, whichever is higher, up to \$511 per day and \$5,110 in the aggregate (over a 2-week period) up to a total of 80 hours for full time employees.

For leave reasons (4) or (6): employees taking leave are entitled to pay at 2/3 their regular rate or 2/3 the applicable minimum wage, whichever is higher, up to \$200 per day and \$2,000 in the aggregate (over a 2-week period)

For leave reason (5): employees taking leave are entitled to pay at 2/3 their regular rate or 2/3 the applicable minimum wage, whichever is higher, up to \$200 per day and \$12,000 in the aggregate (over a 12-week period).

Paid sick time provided under this Act does not carryover from one year to the next. Employees are not entitled to reimbursement for unused leave upon termination, resignation, retirement, or other separation from employment.

- An employee may elect to substitute any accrued vacation leave, personal leave, or medical or sick leave for the first two weeks of partial paid leave under this section.

CERTIFICATION

An employee using Emergency Paid Sick Leave must certify the reason for the leave request on Plumas County's required forms. Employees must complete the applicable forms to receive family and medical care leave and report by phone to their supervisor. In addition, it is important to maintain communication with your supervisor and Human Resources for the status of your leave. Human Resources will require completed forms in order to process the leave request.

Codes for Leave Types needed for processing employees' time cards for payroll.

Use the corresponding pay code for the type of used leave and document time cards with the code.

Emergency sick leave = Pay code 070
Emergency FMLA = Pay code 071

Pay codes to use for the related work on COVID-19 disaster worker services, document your time card with these codes as appropriate:

FEMA = Pay code 009
FEMA Overtime = Pay code 069

Emergency Leave Request:

To request to use sick leave if the need for leave is foreseeable, an employee must give the immediate supervisor reasonable advance written or oral notice. (Labor Code §§

246(l); 246.5(a).) If the need for sick leave is not foreseeable, the employee shall provide written or oral notice of the need for the leave as soon as practicable. (Labor Code § 246(l).)

If the employee is required to be absent on sick leave for more than one day, the employee must keep the immediate supervisor informed each day as to the date the employee expects to return to work and the purpose of the leave. Failure to request sick leave as required by Personnel Rules, without good reason, may result in the employee being treated as absent without leave.

Therefore, it is imperative to contact your supervisor or department head to inform of your current circumstances. The County's "COVID-19 All Employee Handbook Version 1" issued March 24, 2020, provides guidance on these different scenarios for our current Emergency Declaration for Plumas County.

To minimize the impact on local health care providers, the requirement to seek a doctor's certification to return to work may not be required. You may need to attest to personal quarantine situation to meet the need to protect employees at the worksite. Cal OSHA requirements of no fever for 72 hours without fever reducing medication after being sick meets their minimum requirement to return to work. Cal OSHA link below for worksite safety tips:

<https://dir.ca.gov/dosh/coronavirus/Health-Care-General-Industry.html>

Center for Disease Control – COVID-19 Link:

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

Leave Request Forms:

- Employee Certification of Need for Paid Emergency Sick Leave
- Employee Certification of Need for Emergency Family and Medical Leave
- Employee Certification to Return to Work After Exhibiting Symptoms of COVID-19 or Suspicion of Having or Being Exposed to COVID-19
(May be used if a Doctor's Note is not practicable):

EXPIRATION of Emergency Leave

The provision of this section shall expire on December 31, 2020 or when the Emergency Family and Medical Leave Expansion Act is no longer effective.

Employees shall request leave as soon as practicable and shall certify the need for leave in writing at the time of the request.

Unused Emergency Paid Sick Leave will not be reinstated after December 31, 2020.

Additional Resources:

For previous guidance handbooks previously provided to Plumas County All Employees COVID-19 references, you can access them with below links:

COVID-19 Employee Handbook Version 1

<https://plumascounty.us/DocumentCenter/View/25793>

Supplement to COVID-19 Guidance for all Plumas County Employees – Version 1

<https://plumascounty.us/DocumentCenter/View/25849>

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Employee Certification of Need for Emergency Paid Sick Leave or Emergency Family Medical Leave Expansion Act

Employee Name: _____ Date: _____

Department: _____

Job Title: _____

Personal Contact cell phone #: _____

Primary Email: _____

I, _____, certify that I am unable to work (or telework) for one of
Employee name
the following reasons / qualifying criteria. I request to participate based on the following
reason (check which applies):

- 1. I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19.
- 2. I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
- 3. I am experiencing symptoms of COVID-19 (e.g., fever [defined as 100.4° F [37.8° C] or greater using an oral thermometer], coughing, and/or shortness of breath) and seeking a medical diagnosis.
- 4. I am caring for an individual who is subject to a Federal, State, or local quarantine or isolation order related to COVID-19 or who has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
Relationship to individual _____
- 5. I am caring for my child whose school or place of care has been closed, or whose childcare provider is unavailable, due to COVID-19 precautions.
- 6. I am experiencing another 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.

Emergency FMLA: I request to participate based on the inability to work or telework due to a need to care for a minor son or daughter because of school / daycare closure due to the public crisis:

1. I elect to use my own leave balances for the first 10 days: _____
2. I elect to go uncompensated for the first 10 days: _____

*Compensation for sick leave granted for reasons 1, 2, or 3 above will be based on your regular rate of pay. (Tax reimbursement purposes caps will not exceed \$511 a day or \$5,110 in the aggregate.) No waiting period for Emergency Paid Sick Leave benefit.

*Compensation for reasons listed in 4 or 6 above shall be 2/3 of the regular rate of pay for first two weeks and then an additional 10 weeks if qualify. (Employer tax reimbursements shall not exceed \$200 a day or \$2,000 in the aggregate).

*You do not have to use other leave balance before using Emergency Paid Sick Leave Act. The sick leave is available for immediate use regardless of how long you have worked with the County. Effective date: April 1, 2020

After the first two weeks of Emergency Paid Sick Leave, you may qualify for the Emergency Family Medical Leave Act. You will need to complete, certify, and turn this form into Human Resources to transition into the EFMLA.

I understand that if my circumstances change, I must immediately inform my supervisor and the County and I may be directed to report to work (or telework). Call if you have any questions and return completed form to Human Resources Department.

Employee Signature

Date

*Return your completed form to the Human Resources Department.

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**Employee Certification
of
Need for Emergency Family and Medical Leave**

I, _____, certify that I have a child who is under the age of 18, whose school or place of care has been closed, or whose childcare provider is unavailable due to a COVID-19 emergency declared by a government authority. Due to the need to care for my child, I am unable to work (or telework). I understand that if my childcare needs change, I must immediately inform my supervisor and the Human Resources Department and I may be directed to report back to work (or telework).

Signature

Date

*Return your completed form to the Human Resources Department.

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Employee Certification to Return to Work After Exhibiting Symptoms of COVID-19 or Suspicion of Having or Being Exposed to COVID-19

(May be used if a Doctor's Note is not practicable)

I, _____, certify that I have been free of fever (a “fever” is defined as 100.4° F [37.8° C] or greater using an oral thermometer), signs of a fever, and any other COVID-19 related symptoms (*e.g.*, cough or shortness of breath) for at least 72 hours, without the use of fever-reducing or other symptom-altering medicines (*e.g.*, cough suppressants). Furthermore, at least 7 days have passed since symptoms first appeared. I understand that if I do show further signs of having COVID-19 (*e.g.*, fever, cough, or shortness of breath) I must inform my supervisor immediately and the Human Resources Department. I may either be direct to stay away from work or may require me to undergo a fitness for duty examination at the County’s expense and according to the Plumas County’s policy regarding fitness for duty examinations.

Signature

Date

*Return your completed form to the Human Resources Department.