Families First Coronavirus Response Act Policy

It is the policy of the Village of Poplar Grove to comply with the requirements of the Federal Families First Coronavirus Response Act (FFCRA). The FFCRA provides employees with Emergency Paid Sick Leave (PSLA) and Emergency Paid Family and Medical Leave (EFMLA) for those affected by the COVID-19 pandemic, from April 1, 2020, through December 31, 2020.

Definitions

As used in this policy, the following definitions shall apply:

a) Child is defined as a biological, adopted or foster child, a stepchild, a legal ward, or a child of a person standing in loco parentis, who is:
    a. Under the age of 18 (and if your child is over the age of 14, and your normal shift is during daylight hours, you must certify that special circumstances exist requiring you to provide care for such child), or
    b. 18 or older and incapable of self-care because of a mental or physical disability.

b) Individual is defined as 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.

c) Childcare provider is defined as a provider who receives compensation for providing childcare services on a regular basis, including:
    a. A center-based childcare provider.
    b. A group home childcare provider.
    c. A family childcare provider (one individual who provides childcare services for fewer than 24 hours per day, as the sole caregiver, and in a private residence).
    d. Other licensed provider of childcare services for compensation.
    e. A childcare 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.

d) School closure is defined as the physical location (building) where your child receives instruction, which is not open to your child. This is true even if some or all instruction is being provided online and your child is participating in said online instruction. Further in the case of a part-time in-person instruction model, on days in which a school is closed to your child for purposes of in-person instruction, the school shall be considered closed. The following shall be true for purposes of EFMLA leave eligibility:
    a. If a school is partially open for in-person instruction and an employee's child attends in-person instruction when available, the employee would not be eligible for EFMLA leave on in-person instruction days.
    b. Given the option to attend in-person instruction or entirely virtual instruction, an employee selects virtual instruction rather than a hybrid or in-person instruction model, the employee may be ineligible to take EFMLA leave.

Emergency Paid Sick Leave (PSLA)

Eligibility

All current full-time and part-time employees, regardless of the amount of time the employee has worked for the Village of Poplar Grove, who are unable to work (or telework) due to one of the following reasons for leave:

1. An employee is subject to a federal, state, or local quarantine or isolation order related to COVID–19.
2. An employee has been advised by a health care provider to self-quarantine due to concerns related to COVID–19 including: a) the belief that the individual has COVID-19; b) The individual may have COVID-19 due to know exposure or symptoms; or the individual is particularly vulnerable to COVID-19. (A health care provider is defined as a medical doctor or nurse practitioner or other health care provider authorized to issue a certification under FMLA).
3. An employee is experiencing symptoms of COVID–19 and seeking a medical diagnosis.
4. An employee is caring for an individual who is subject to an order as described in subparagraph (1) or has been advised as described in paragraph (2).
5. An employee is caring for their child/children if the school or place of care of the child/children has been closed, or the childcare provider of such child/children is unavailable for reasons related to COVID-19.
6. An employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretaries of Labor and Treasury.

Amount of Paid Sick Leave

All eligible full-time employees will have up to Eighty (80) hours or Ten (10) days of PSLA 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.

For employees with varying hours, one of two methods for computing the number of hours paid will be used:

a) If the employee has worked Six (6) months or more, the average number of hours that the employee was scheduled per day over the Six (6) month period ending on the date in which the employee takes leave, including hours for which the employee took leave of any type.
b) If the employee has worked less than Six (6) months, the expected number of hours to be scheduled per day at the time of hire.

Increments and Intermittent Use of Leave

For those employees who are teleworking, the Village of Poplar Grove has authorized employees to take PSLA leave intermittently and, in any increment to which the employee and their Department Head or Supervisor have agreed to that is not inconsistent with the provisions

contained in the Employee Handbook, applicable Village of Poplar Grove policies, or applicable Collective Bargaining Agreement.

For those employees who are not teleworking and are currently working onsite, the Village of Poplar Grove has authorized employees to take PSLA leave intermittently ONLY for reason number Five (5) as listed above, that is an employee is caring for their child/children if their child/children's school or place of care has been closed, or the childcare provider of such child/children is unavailable due to COVID–19-related reasons.

According to FFCRA regulations, an employee taking leave for reasons 1-4 or 6 above could potentially expose an employee or others in the workplace to COVID-19. As such, employees taking leave for reasons 1-4 or 6 above must either use the full amount of PSLA leave or use it in full-day increments until the reason for leave is over and it is safe for the employee to return to work.

Rate of Pay

PSLA leave will be paid at the employee's regular rate of pay, or minimum wage, whichever is greater, for leave taken for reasons 1-3 above. Pay for leave taken for reasons 1-3 will not exceed $511 per day and $5,110 in total.

Employees taking leave for reasons 4-6 will be compensated at two-thirds their regular rate of pay, or two-thirds of the applicable federal or state minimum wage, whichever is greater. Pay for leave taken for reasons 4-6 will not exceed $200 per day and $2,000 in total.

Employees taking leave for reasons 4-6 may also supplement the two-thirds pay with accrued, applicable paid leaves not to exceed 100% of regular pay. The determination of which accrued paid leaves are applicable will be consistent with the Village of Poplar Grove Employee Handbook and/or the applicable Collective Bargaining Agreement. For example, an employee may choose to use one-third of an hour of accrued, applicable paid leave for each hour of PSLA leave taken to reach 100% of normal pay per hour.

Interaction with Other Paid Leave

The employee may use PSLA leave under this policy before using any other accrued paid time off for the qualifying reasons stated above.

Employees on EFMLA leave under this policy may use PSLA leave concurrently with that leave. PSLA leave may also be used when an employee is on leave under traditional FMLA for his or her own COVID-19-related serious health condition or to care for a qualified family member with such a condition.

Procedure for Requesting Emergency Paid Sick Leave

Employees must notify their Department Head or Supervisor of the need and specific reason for leave under this policy either prior to leave within one day of leave commencing. A FFCRA leave

request form will be provided to all employees via email or in person. Verbal notification will be accepted until practicable to complete and return the designated FFCRA leave form.

The Village of Poplar Grove has the right to request reasonable documentation to substantiate an employee's need to take the leave including: a) employee's name; b) date(s) for which leave is requested; c) the qualifying reason for the leave; and d) an oral or written statement that an employee is unable to work because of the qualified reason for leave.

Additionally, an employee must provide the following information for the below reasons:

1. For reason 1 an employee must provide:
    a. A copy of the federal, state or local quarantine or isolation order related to COVID-19 applicable to the employee or the name of the government entity that issued the order.
2. For reason 2 an employee must provide:
    a. Written documentation by a health care provider advising the employee to self-quarantine due to concerns related to COVID-19 or the name of the provider who advised the employee.
3. For reason 3 an employee must provide either:
    a. A copy of the federal, state or local quarantine or isolation order related to COVID-19 applicable to the employee or the name of the government entity that issued the order; or
    b. Written documentation by a health care provider advising the employee to self-quarantine due to concerns related to COVID-19 or the name of the provider who advised the employee.
4. For reason 4 an employee must provide:
    a. The name and relation of the individual the employee is taking leave to care for who is subject to a quarantine or isolation order or is advised to self-quarantine.
5. For reason 5 an employee must provide:
    a. The name(s) of the child/children being cared for;
        i. A certification that your child/children are under the age of 18 (and if your child/children are over the age of 14, and your normal shift is during daylight hours, you must certify that special circumstances exist requiring you to provide care for such child/children), or
        ii. A certification that your child/children are 18 years of age or older and incapable of self-care because of a mental or physical disability.
    b. The name of the school, place of care, or childcare provider that has closed or become unavailable; and
    c. A statement representing that no other suitable person will be caring for the child during the period for which an employee takes PLSA leave.
6. For reason 6 an employee must provide:
    a. Documentation which substantiates that an employee is experiencing a substantially similar condition to COVID-19 as specified by the Secretary of Health and Human Services in consultation with the Secretaries of Labor and Treasury.
7. Further, an employer may also request that an employee provide such additional material as needed for the employer to support a request for tax credits.

Once PSLA leave has commenced, the employee and his or her Department Head or Supervisor must determine reasonable procedures for the employee to report periodically on the employee's status and intent to continue to receive paid sick time or the intent to return to work.

Failure to provide the required documentation listed above will result in a delay in the approval or a denial of PSLA leave. **In cases of a non-emergent leave, the Village of Poplar Grove will request at least one (1) week notice prior to the leave being taken.**

Carryover

PSLA leave under this policy will not be provided beyond December 31, 2020, unless further extended by future legislation. Any unused paid sick leave will not carry over to the next year or be paid out to employees.

Job Protections

No employee who appropriately utilizes emergency paid sick leave under this policy will be discharged, disciplined or discriminated against for use of this leave.

The employer must maintain the employees' same level of health insurance while an employee is on PSLA leave.

Emergency Family Medical Leave Act

Employee Eligibility

All current employees who have been employed with the Village of Poplar Grove for at least thirty (30) calendar days are eligible for leave under this policy.

Employees laid off or otherwise terminated on or after March 1, 2020, who are rehired on or before December 31, 2020, are eligible for leave upon reinstatement if they had previously been employed with Village of Poplar Grove for Thirty (30) or more of the Sixty (60) calendar days prior to their layoff or termination.

Reason for Leave

An employee is only eligible for EFMLA leave if they *cannot work or telework* because their child's school or place of child care has been closed, or the child care provider of such child is unavailable as declared by a federal, state or local authority due to a public health emergency with respect to COVID-19.

Duration of Leave

An eligible employee is allowed a total of Twelve (12) weeks of leave under FMLA and EFMLA combined (not Twelve (12) weeks under both FMLA and EFMLA). The criteria used to determine if an employee is eligible for FMLA leave, that is, has worked for Twelve (12) months and at least 1,250

hours in the previous year (as defined by employers policy) do not apply if the employee is requesting EFMLA leave.

Increments & Intermittent Use of Leave

The Village of Poplar Grove has authorized employees to take EFMLA leave intermittently and, in any increment to which the employee and their Department Head or Supervisor have agreed to that is not inconsistent with the provisions contained in the Employee Handbook, applicable Village of Poplar Grove policies, or applicable Collective Bargaining Agreement.

Pay During Leave

Leave will be unpaid for the first Ten (10) days of leave; however, employees may use accrued paid vacation, compensatory, or personal leave during this time. Employers cannot require an employee to use accrued, applicable paid leaves during these Ten (10) days. The employee may also elect to use the paid leave provided under the PSLA, as further explained below.

After the first Ten (10) days, employees requiring additional EFMLA leave (up to Ten (10) additional weeks) will be required to use any accrued, applicable paid leaves concurrently with EFMLA leave. In other words, after the first Ten (10) days of unpaid leave, employees will be required to use any accrued, applicable paid leave for the number of hours the employee would otherwise be scheduled to work. These hours will be paid at the employees' full daily rate of pay.

Should an employee's accrued, applicable paid leaves be exhausted, any additional leave will be paid at Two-Thirds (2/3)of an employee's regular rate of pay for the number of hours the employee would otherwise be scheduled to work. Pay will not exceed $200 per day and $10,000 in total, or $12,000 in total if using PSLA leave for the first Two (2) weeks. If you are required to use your accrued, applicable paid leaves and your daily wages would exceed $200 per day, the above limits will not apply for those days in question. Any unused portion of this pay will not carry over to the next year.

For employees with varying hours, one of two methods for computing the number of hours paid will be used:

a) If the employee has worked Six (6) months or more, the average number of hours that the employee was scheduled per day over the Six (6) month period ending on the date in which the employee takes leave, including hours for which the employee took leave of any type.
b) If the employee has worked less than Six (6) months, the expected number of hours to be scheduled per day at the time of hire.

Employee Status and Benefits During Leave

While an employee is on leave, the Village of Poplar Grove will continue the employee's health benefits during the leave period at the same level and under the same conditions as if the employee had continued to work. While on paid leave, the Village of Poplar Grove will continue to make payroll deductions to collect the employee's share of the premium. During any unpaid portions of

leave, the employee must continue to make this payment per instructions from your Department Head or Supervisor.

If the employee contributes to a life insurance or disability plan, the employer will continue making payroll deductions while the employee is on paid leave. During any portion of unpaid leave, the employee may request continuation of such benefits and must make arrangements to pay his or her portion of the premiums. If the employee does not continue these payments, the employer may discontinue coverage during the 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.

Procedure for Requesting Leave

All employees requesting EFMLA leave must provide written notice of the need for leave to their Department Head or Supervisor as soon as practicable. Verbal notification will be accepted until practicable to complete and return the designated FFCRA leave form.

To be eligible to take EFMLA leave, an employee must provide the following information:

1. Employee's name;
2. Date(s) for which leave is requested;
3. The COVID-19 qualifying reason for the leave;
4. A statement representing that you are unable to work because of the qualified reason for leave;
5. The name(s) of the child/children being cared for;
    a. Certifying that your child/children are under the age of 18 (and if your child/children are over the age of 14, and your normal shift is during daylight hours, you must certify that special circumstances exist requiring you to provide care for such child/children), or
    b. Certifying that your child/children are 18 years of age or older and incapable of self-care because of a mental or physical disability.
6. The name of the school, place of care, or childcare provider that has closed or become unavailable;
7. A statement representing that no other suitable person will be caring for your child/children during the period for which you take EFMLA leave.

Failure to provide the required documentation listed above will result in a delay in the approval or a denial of EFMLA leave. **In cases of a non-emergent leave, the Village of Poplar Grove will request at least one (1) week notice prior to the leave being taken.**

Employee Status After Leave

Generally, an employee who takes FMLA leave will be able to return to the same position or a position with equivalent status, pay, benefits and other employment terms. The Village of Poplar Grove 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 at the time FMLA leave is requested of their status as a key employee.

Please do not hesitate to reach out to your Department Head or Supervisor with any questions regarding the above information.

Village of Poplar Grove
FFCRA FORMS

DATE

NAME
ADDRESS

Dear FIRSTNAME:

FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA)

Under a recently passed Federal law that remains effective until December 31, 2020, the Families First Coronavirus Response Act (FFCRA), you may be eligible to take leave under Emergency Paid Sick Leave (PSLA) and/or Emergency Family and Medical Leave (EFMLA) upon the submission of the appropriate qualifying documentation and provided you are unable to work or telework. If appropriate, the Village of Poplar Grove will notify you if you are eligible to telework and what your telework assignments are.

Under the FFCRA, you may qualify for PSLA and the EFMLA if you are unable to work (including unable to telework) due to a need for leave because you:

Reason 1: are subject to a federal, state, or local quarantine or isolation order related to COVID-19;

Reason 2: have been advised by a health care provider to self-quarantine related to COVID-19;

i) This means that a healthcare provider has advised you to self-quarantine based on a belief that:
    a. You have COVID-19;
    b. You may have COVID-19;
    c. Or you are particularly vulnerable to COVID-19.

Reason 3: are experiencing COVID-19 symptoms and are seeking a medical diagnosis;

i) This means that you are unable to work because you are taking affirmative steps to obtain a medical diagnosis, such as making, waiting for, or attending an appointment for a COVID-19 test.

Reason 4: are caring for an individual subject to an order described in Reason 1 or self-quarantine as described in Reason 2;

i) This means you are caring for an individual who expects or depends on your care during their quarantine or self-quarantine.

ii) The individual may be an immediate family member or someone who regularly resides in your home. The individual may also be someone with whom your relationship creates and expectation that you care for the person in a quarantine or self-quarantine situation, and that individual depends on you for care during the quarantine or self-quarantine.

Reason 5: are caring for a child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19;

i) An employee requesting leave under PSLA or EFMLA to care for his/her child must provide the following information:
   a. This applies to a biological, adopted, or foster child, stepchild, legal ward, or child for whom you stand in loco parentis, and that is either:
      i. under the age of 18 (and if my child is over the age of 14, and my normal shift is during daylight hours, I certify that special circumstances exist requiring me to provide care to such child), or
      ii. 18 years of age or older and incapable of self-care because of a mental or physical disability.
   b. There must also be no other suitable person available to care for the child during the period of requested leave.
   c. To qualify for EFMLA, a school or place of care is closed or whose child care provider is unavailable due to a public health emergency, defined as an emergency with respect to COVID-19, declared by a federal, state, or local authority.

Reason 6: are experiencing any other substantially-similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury

i) The U.S. Department of Health and Human Services (HHS) has not yet identified any "substantially similar condition" that would allow an employee to take paid sick leave. If HHS does identify any such condition, the Department of Labor will issue guidance explaining when you may take paid sick leave on the basis of a "substantially similar condition."

In order to qualify for leave under PSLA or EFMLA, certain information must be submitted. Please carefully read the attached forms and provide the required information.

To the extent necessary based on the information provided, I am sending you a "*HIPAA release authorization"* form. You are directed to return the appropriate forms (attached to this memorandum), along with the appropriate supporting documentation, within fifteen (15) calendar days. Failure to return this form by the specified date can delay or negate your rights under EPSL and EFMLA.

FAMILY MEDICAL LEAVE ACT (FMLA)

In certain circumstances, should an employee qualify for leave under FMLA, an employee will be able to take leave for a COVID-19 related serious health condition. For leave taken under the FMLA for an employee's own serious health condition related to COVID-19, or to care for the employee's spouse, son, daughter, or parent with a serious health condition related to COVID-19, the normal FMLA certification requirements still apply. If you would like to be considered for FMLA leave, please request the FMLA certification paperwork.

Feel free to contact me at _____ or by email at _____should you have any questions.

Sincerely,

_____

PSLA ABSENCE FORM

I, _____ (employee name), request that I be granted leave in accordance with the following reason(s):

☐Reason 1: I am currently subject to a federal, state, or local quarantine or isolation order related to COVID-19;

- The government entity that issued the quarantine or isolation order to which I am subject is _____;

☐Reason 2: I have been advised by a health care provider to self-quarantine related to COVID-19 because my health care provider believes I have or may have COVID-19 or that I am particularly vulnerable to COVID-19;

- The name of the health care provider who advised me to self-quarantine for COVID-19 related reasons is: _____.

☐Reason 3: I am experiencing COVID-19 symptoms and am seeking a medical diagnosis;

☐Reason 4: I am caring for an individual subject to an order described in Reason 1 or self-quarantine as described in Reason 2. The individual expects or depends on me for care during his or her quarantine or self-quarantine and is (a) an immediate family member, (b) someone who regularly resides in my home, or (c) someone with whom my relationship creates an expectation that I would care for the person in a quarantine or self-quarantine situation, and that individual depends on me for care during the quarantine or self-quarantine;

- The government entity that issued the quarantine or isolation order to which the individual is subject is _____; or
- The name of the health care provider who advised him or her to self-quarantine for the COVID-19 related reasons set forth in Reason 2 is _____.
    - The name of the individual who has been advised to self-quarantine is _____ and his/her relation to me is _____.

☐Reason 5: I am caring for a child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19; or

- The name of the child (children) is/are: _____.
- The name of the school, place of care, or child care provider is (if more than one, please specify): _____.
    - Provide appropriate documentation in support of the requested leave (examples below):
        - A letter, document, or email that has been published on a government, school, daycare, or childcare provider affirming that they are closed due to a public health emergency/COVID-19.
- ☐ I (check the box if true) certify that there is no other suitable person available to care for the above named child/children during the period of requested leave and that the information I have provided is true and accurate to the best of my knowledge.
- ☐ I (check the box if true) certify that, my request is for a biological, adopted, or foster child, stepchild, legal ward, or child for whom I stand in loco parentis, and that is either (a) under the age

of 18 (and if my child is over the age of 14, and my normal shift is during daylight hours, I certify that special circumstances exist requiring me to provide care to such child), or (b) 18 years of age or older and incapable of self-care because of a mental or physical disability.

☐Reason 6: I am experiencing any other substantially-similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.

☐ I am requesting leave due to the above reason for the time period: _____(date)-_____(date) or for the following dates: _____ (dates).

For purposes of non-emergent leave (i.e. for purposes of foreseeable childcare leave), the Village of Poplar Grove asks that all required leave dates are requested at least one (1) week in advance.

☐ I certify that I am unable to work/telework due to the above reason.

☐ The following written support/documentation for the above reason for my request is (specify) (e.g., doctor's note, notice from daycare provider regarding closure):

_____
_____
_____.

☐ I certify that the information I have provided is true and accurate and I understand that providing false or misleading information about my absence(s) could result in disciplinary action, up to and including immediate termination of my employment.

Employee Signature: _____ Date: _____

Employer Signature: _____ Date: _____

EFMLA ABSENCE FORM

I, _____ (employee name), request that I be granted leave in accordance with the following reason:

I am caring for a child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19 (this means that a school or place of care is closed or whose child care provider is unavailable due to a public health emergency, defined as an emergency with respect to COVID-19, declared by a federal, state, or local authority);

- I am requesting leave to care for a child (children) named: _____.
- The name of the school, place of care, or childcare provider is _____.
    - Provide appropriate documentation in support of the requested leave (examples below):
        - A letter, document, or email that has been published on a government, school, daycare, or childcare provider website affirming that they are closed due to a public health emergency defined as an emergency with respect to COVID-19, declared by a Federal, State, or local authority.
- ☐ I am requesting leave due to the above reason for the time period: _____ (date)-_____(date) or for the following dates: _____.
    - The Village of Poplar Grove asks that all foreseeable leave dates are requested at least one (1) week in advance.
- ☐ (check the box if true) I certify that there is no other suitable person available to care for the above-named child during the period of requested leave.
- ☐ (check the box if true) I certify that my request is for a biological, adopted, or foster child, stepchild, legal ward, or child for whom I stand in loco parentis, and that is either (a) under the age of 18 (and if my child is over the age of 14, and my normal shift is during daylight hours, I certify that special circumstances exist requiring me to provide care to such child), or (b) 18 years of age or older and incapable of self-care because of a mental or physical disability.

☐ (check the box if true) I certify that there is no other suitable person available to care for the above named child (children) during the period of requested leave and that the information I have provided is true and accurate to the best of my knowledge.

☐ (check the box if true) I certify that I am unable to work/telework due to the above reason.

☐ The following written support/documentation for the above reason for my request is (specify) (e.g., doctor's note, notice from daycare provider regarding closure):

_____
_____
_____.

☐ I certify that the information I have provided is true and accurate and I understand that providing false or misleading information about my absence(s) could result in disciplinary action, up to and including immediate termination of my employment.

Employee Signature: _____ Date: _____

Employer Signature: _____ Date: _____