

**Memorandum
Human Resources Department**



To: All City Employees
Subject: Families First Coronavirus Response Act
Date: April 2, 2020

The Families First Coronavirus Response Act (FFCRA) includes Acts providing Emergency Paid Sick Leave Act and Emergency Family and Medical Leave Expansion Act Leave as a result of the COVID-19 pandemic.

The City's policy regarding the Emergency Paid Sick Leave Act (EPSLA) and Emergency Family and Medical Leave Expansion Act (EFMLEA) is attached. This policy may be subject to change.

The qualifying reasons under the EPSLA include:

- a) The employee is subject to a Federal, State or local quarantine or isolation order related to COVID-19.
- b) The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
- c) The employee is experiencing symptoms of COVID-19 and is seeking a medical diagnosis.
- d) The employee is caring for an individual who is subject to an order as described in (a) above.
- e) The employee is caring for an individual who has been advised as described in (b) above.
- f) The employee is caring for his/her son/daughter because the school or place of care of the son/daughter has been closed or the childcare provider of the son/daughter is unavailable due to COVID-19 precautions.
- g) The employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services.

The qualifying reasons under the EFMLEA include:

- a) The employee is caring for his/her son/daughter under 18 years of age because the child's school or place of care has been closed due to the COVID-19 public health emergency.
- b) The employee is caring for his/her son/daughter under 18 years of age because the child's childcare provider is unavailable due to the COVID-19 public health emergency.

The policy excludes eligibility for any employee considered as an "emergency responder". This definition is covered in the policy and is based on the Department of Labor's guidelines. Please review the definition to see if your position falls under "emergency responder", as the definition is expanded beyond sworn police and fire personnel.

For EPSLA and/or EFMLEA benefits, all eligible employees must complete the Employee Leave Request Form. Any policy compliance questions will be addressed by Human Resources Department. Completed forms and any accompanying documentation must be submitted to the Human Resources Department (Cherise Laud, Program Benefits Manager, extension 2057) for approval prior to leave benefits being granted.

If there are further questions, please contact the Human Resources Department (2050).

Submitted by: John Thorson, Human Resources Director
Jeff Yerkey, Fire Chief

**CITY OF ROCK ISLAND
CORONAVIRUS RESPONSE ACT LEAVE POLICY**

Effective immediately, the City of Rock Island (“the City”) is implementing the following leave policy, now known as the Coronavirus Response Act Leave Policy which applies to **all City employees who qualify**.

1. **Title.** This policy is referred to as the Coronavirus Response Act Leave Policy (the “Policy”) and is being implemented to incorporate the Coronavirus Response Act, (H.R. 6201), as a City-wide Policy.
2. **Types of Leave Available.** This Coronavirus Response Act Leave Policy provides for two types of leave and identifies these separate leaves by Section I and Section II below.
 - a. **Section I** – refers to leave provided pursuant to the federal Emergency Paid Sick Leave Act.
 - b. **Section II** – refers to leave provided pursuant to the federal Emergency Family and Medical Leave Expansion Act.
3. **Relationship between Section I and Section II Leave.** Employees may take leave pursuant to Section I, Section II or both, as outlined below. Section I and Section II leaves are intended to work in conjunction with one another, subject to each Policy’s individual eligibility and other requirements, and in some instances, an employee may qualify for unpaid Section II Leave while qualifying for, and receiving, payment for Section I leave during the initial unpaid 10-day period under Section II.
4. **Stacking Prohibited.** Under no circumstances may an employee use this Policy, or any other accrued leave policy, as a means to stack or combine paid leave entitlements. Electing to utilize paid leave accruals during a permitted period of unpaid leave does not violate this Paragraph 4.
5. **Effective Date.** This Policy goes into effect on April 1, 2020. **This Policy applies to any leave taken on or after April 1, 2020.**
6. **No Retroactive Use.** This Policy may not be used for any leave provided and/or used prior to April 1, 2020 and may not be retroactively applied to any leave taken, even for COVID-19 related reasons, prior to April 1, 2020.
7. **Application.** This Policy applies to all employees of the City of Rock Island who meet the individual qualifications and eligibility requirements of Section I and Section II below, unless otherwise excluded by Paragraph 8.
8. **Exclusions.** This Policy does not apply to any City employee who is an emergency responder (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 highest official of a state or territory, including the District of Columbia, determines is an emergency responder necessary for that state's or territory's or the District of Columbia's response to COVID-19.

9. **Purpose.** This Policy is being implemented as a direct response to the COVID-19 pandemic. The City of Rock Island is taking every precaution to protect its employees, residents, and visitors while still maintaining business and operations to the extent possible. This Policy provides leave options to employees impacted by the COVID-19 national and state response.
10. **Modification.** The City reserves the right to modify or terminate this Policy in any manner consistent with Federal, State or local law at any time.

SECTION I

EMERGENCY PAID SICK LEAVE POLICY

1. **Purpose.** This Emergency Paid Sick Leave Policy is being implemented following the enactment of the Families First Coronavirus Response Act, which created the Emergency Paid Sick Leave Act, pursuant to Division E, Section 5101-5111.
2. **Eligibility.** A City employee who cannot work in the workplace or perform telework as a result of a **qualifying reason** (as defined below in Section I, Paragraph 3) is eligible for paid sick leave under Section I.
3. **Qualifying Reason.** The following will constitute a **qualifying reason** for any employee unable to work or telework under this Section I:
 - a. The employee is subject to a Federal, State or local quarantine or isolation order related to COVID-19.
 - b. The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
 - c. The employee is experiencing symptoms of COVID-19 and is seeking a medical diagnosis.

- d. The employee is caring for an individual who is subject to an order as described in (a) above.
 - e. The employee is caring for an individual who has been advised as described in (b) above.
 - f. The employee is caring for his/her son/daughter because the school or place of care of the son/daughter has been closed or the childcare provider of the son/daughter is unavailable due to COVID-19 precautions.
 - g. The employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services.
4. **Paid Leave Provided.** An employee shall be entitled to paid leave in the amounts provided below according to employment status as full-time or part-time:
- a. **Full-Time Employees.** Full-time employees will receive up to eighty (80) hours of paid leave at their regular rate of pay, subject to the maximum allotment caps in Paragraph 5 below.
 - b. **Part-Time Employees.** Part-time employees will receive up to the average number of hours the employee works over a two (2)-week period, at their regular rate of pay, subject to the maximum allotment caps in Paragraph 5 below.
5. **Maximum Allotment Caps.** When calculating an employee's Emergency Sick Leave available under this Section I, the following maximum allotment caps will apply based on the qualifying reason(s) necessitating leave:
- a. An employee may receive a maximum of Five Hundred and Eleven Dollars (\$511.00) per day or Five-Thousand One-Hundred and Ten Dollars (\$5,110.00) in the aggregate when taking Emergency Sick Leave because:
 - i. The employee is subject to a Federal, State or local quarantine or isolation order related to COVID-19.
 - ii. The employee has been advised by a healthcare provider to self-quarantine due to concerns related to COVID-19.
 - iii. The employee is experiencing symptoms of COVID-19 and is seeking a medical diagnosis.
 - b. An employee may receive a maximum of Two-Hundred Dollars (\$200.00) per day or Two-Thousand Dollars (\$2,000.00) in the aggregate when taking Emergency Sick Leave because:
 - i. The employee is caring for an individual who is subject to a Federal, State or local quarantine or isolation order.
 - ii. The employee is caring for an individual who has been advised by a healthcare provider to self-quarantine due to concerns related to COVID-19.
 - iii. The employee is caring for his/her son/daughter because the school or place of care of the son/daughter has been closed or the childcare provider of the son/daughter is unavailable due to COVID-19 precautions.

6. **No Carryover or Payout.** Paid sick leave under Section I may not carry over from one year to the next. Further, any unused Emergency Paid Sick Leave will not be paid out at the time the employee separates from employment for any reason. Nor will Emergency Paid Sick Leave be accrued for pension service credit for any reason.
7. **Termination of Leave Benefits.** Paid sick leave under Section I shall end when the employee's qualifying reason(s) under Section I, Paragraph (3) above terminates.
8. **Impact on Other Accrued Leave.** Employees are entitled to use Emergency Paid Sick Leave prior to exhausting other accrued leave banks or paid time off.
9. **No Replacement Requirement.** An employee is not required to search for or find a replacement employee to cover the hours during which the employee is using paid sick time.
10. **Special Rule for Healthcare Providers & Emergency Responders.** The City continues to monitor and evaluate the COVID-19 pandemic and reserves the right to modify or cancel the Coronavirus Response Act Leave Policy at any time without advance notice. The Secretary of Labor has released regulations regarding exclusions any City employee who is an emergency responder (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 it 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 highest official of a state or territory, including the District of Columbia, determines is an emergency responder necessary for that state's or territory's or the District of Columbia's response to COVID-19.

SECTION II

EMERGENCY FAMILY AND MEDICAL LEAVE ACT (FMLA) LEAVE POLICY

1. **Purpose.** This Emergency Family and Medical Leave Act Leave Policy (Emergency FMLA Policy) is being implemented following the enactment of the Families First Coronavirus Response Act, which created the Emergency Family and Medical Leave Expansion Act, pursuant to Division C, Section 3101-3106.

2. **Eligibility.** A City employee who has been employed **for at least thirty (30) calendar days** by the City may seek leave pursuant to this Section II when the employee cannot work in the workplace or perform telework as a result of a **qualifying reason** (as defined below in Section II, Paragraph 3).
3. **Qualifying Reason.** The following will constitute a **qualifying reason** for any employee unable to work or telework under this Section II:
 - a. The employee is caring for his/her son/daughter under 18 years of age because the child's school or place of care has been closed due to the COVID-19 public health emergency.
 - b. The employee is caring for his/her son/daughter under 18 years of age because the child's childcare provider is unavailable due to the COVID-19 public health emergency.
4. **Leave Provided.** An employee may take up to a total of twelve (12) weeks of leave under the Family and Medical Leave Act (FMLA). This includes FMLA leave and Emergency FMLA leave. Absences under the Emergency FMLA may include both paid and unpaid leave, as provided below.
 - a. **Unpaid Leave Provided.** The first ten (10) days for which an employee takes Emergency FMLA Leave shall be unpaid unless the employee elects to utilize other accrued leave at that time pursuant to Section II, Paragraph 6 below.
 - b. **Paid Leave Provided.** After the exhaustion of the 10-day unpaid period described above, an employee who takes Emergency FMLA leave shall be paid based on:
 - i. an amount that is not less than two-thirds (2/3) of an employee's regular rate of pay, subject to the maximum allotment cap set forth below; and
 - ii. the number of hours the employee would otherwise normally be scheduled to work or the number of hours as calculated by Section II, Paragraph 5 below.
5. **Employees with Fluctuating Hours/Schedules.** An employee whose schedule and/or hours vary from week to week will have their Emergency FMLA leave calculated using the following methods based on their length of employment.
 - a. **Employees who have worked more than 6 months.** The average number of hours that the employee was scheduled per day over the 6-month period ending on the date on which the employee takes Emergency FMLA leave (including hours for which the employee took leave of any time), or
 - b. **Employees who have worked less than 6 months.** The average number of hours per day that the employee was expected to be scheduled to work at the time of hire.

6. **Substitution of Other Accrued Leave.** An employee may elect to substitute any accrued vacation leave, personal leave, medical leave or sick leave for unpaid leave under this Section II Emergency FMLA Leave Policy.
7. **Maximum Allotment Caps.** When calculating an employee's Emergency Sick Leave available under this Policy, the maximum allowed to be paid to any employee may not exceed Two-Hundred Dollars (\$200.00) per day or Ten-Thousand Dollars (\$10,000.00) in the aggregate when taking Emergency FMLA Leave.
8. **Special Rule for Healthcare Providers & Emergency Responders.** The City continues to monitor and evaluate the COVID-19 pandemic and reserves the right to modify or cancel the Coronavirus Response Act Leave Policy at any time without advance notice. The Secretary of Labor has released regulations regarding exclusions for any City employee who is an emergency responder (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 it 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 highest official of a state or territory, including the District of Columbia, determines is an emergency responder necessary for that state's or territory's or the District of Columbia's response to COVID-19.

Created: 3/26/20

CITY OF ROCK ISLAND
EMERGENCY PAID SICK & EFMLA LEAVE POLICY

EMPLOYEE LEAVE REQUEST FORM

1. **EMPLOYEE NAME:** _____

2. **POSITION:** _____

3. **DATE OF REQUEST:** _____

4. **TYPE OF LEAVE SOUGHT:**

If seeking to use Emergency Paid Sick Leave and Emergency FMLA for the same time period, please check both.

____ Emergency Paid Sick Leave

____ Emergency FMLA

5. **BASIS FOR LEAVE REQUEST:** Check all that apply:

____ I am subject to Federal, State or local quarantine or isolation order related to COVID-19

____ I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

____ I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.

____ To care for an individual who is subject to a Federal, State or local quarantine or isolation order related to COVID-19

____ To care for an individual who has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

____ To care for my son/daughter under 18 years of age because his/her school or place of care has been closed or his/her child care provider is unavailable, due to a public health emergency.

6. **SUPPORTING DOCUMENTATION.** Please attach any and all supporting documentation which establishes the basis for your request for leave. (i.e. doctor's note; notice of closure or unavailability from your child's school, place of care, or child care provider – which may be in the form of a notice posted on a government, school, or day

care website, published in a newspaper, or emailed to you from an employee or official of the school, place of care, or child care provider) and submit that documentation with this Request. In the case of a leave request based on a school closing or child care provider unavailability, the employee shall submit a statement which includes the name and age of the child (or children) to be cared for, the name of the school that has closed or place of care that is unavailable, and a representation that no other person will be providing care for the child during the period for which the employee is receiving family medical leave and, with respect to the employee's inability to work or telework because of a need to provide care for a child older than 14 years of age during daylight hours, a statement that special circumstances exist requiring the employee to provide care. If you are in the process of seeking additional information to submit in support of your leave request, please specify:

What documentation you are seeking: _____

Anticipated supplemental submission date: _____

7. EMERGENCY PAID SICK LEAVE:

a. Amount of Emergency Paid Sick Leave requested :

i. _____ hours/day

ii. _____ days

iii. _____ total hours

b. Dates of leave requested:

i. Leave to Begin: _____

ii. Leave to End: _____

8. EMERGENCY FMLA LEAVE:

a. Initial Unpaid Period: I'd like to elect to use the following paid leave during the initial 10-day unpaid portion of my Emergency FMLA leave:

____ Emergency Paid Sick Leave

____ Substitution of other accrued leave

Please specify the accrued leave/PTO requested to be used:

Type: _____; *Amount:* _____

____ None. I do not wish to use any accrued leave during the initial 10-day portion of my Emergency FMLA leave. I understand that this period of leave will be unpaid.

b. Dates of unpaid leave requested:

i. Leave to Begin: _____

ii. Leave to End: _____

c. Dates of paid leave requested:

- i. Leave to Begin: _____
- ii. Leave to End: _____

d. Intermittent leave: *Please state if you are seeking intermittent EFMLA leave.*

____ Yes ____ No

Explain:

I understand and acknowledge that:

- The information provided herein is true and accurate.
- I did not, or do not anticipate, performing any work for the City during the requested period or dates of leave.
- I may be required to provide additional information and/or documentation supporting my request for leave at the City's request.
- My failure to provide information substantiating my request for leave may serve as a basis for denial of such leave request.
- The stated basis for my request for leave is true and accurate as of the date of this Request.
- I will notify the City in the event my qualifying basis for leave changes and I am able to return to work.

EMPLOYEE SIGNATURE

DATE