

COUNTY OF MADERA
COVID-19 EMPLOYEE LEAVE POLICIES

In order to prevent the transmission of COVID-19 and in accordance with the State of California and Local Health Department directives, which includes the Governor's COVID-19 directives, many County employees have been impacted by a reduction in County services, the need to care for a child due to school closures, the need to care for an individual related to COVID-19, or the necessity to shelter in place, and/or isolate due to age or a health condition. Accordingly, to address these exigent circumstances, and to comply with all applicable law and state and local directives, the following policies and procedures will apply to all Madera County employees regarding COVID-19 related work leave.

1. Pursuant to Local and State Directives, County of Madera Employees may be required to perform essential services necessary to maintain the public health, safety and welfare. Therefore, notwithstanding anything that may be to the contrary in these policies, during the presently declared Local Emergency, and pursuant to state law and the County Director of Emergency Services' recent Order, all employees of the County are considered Disaster Service Workers and may be called to report to work at any time, and may be assigned to perform any duty of the County.

2. To the extent possible without compromising the maintenance of essential County services, the County will provide such leave benefits outlined and expressed by the federal Families First Coronavirus Response Act (FFCRA) or equivalent leave. The leave benefits outlined herein will be available commencing on March 21, 2020.

3. The Director of Emergency Services reserves the right to order any County Employee to work in order to maintain the public, health, safety, and welfare, even if such employee is currently on an approved leave. When denied leave or ordered to return work the employee will be considered an emergency responder for the purpose of being considered an exempt employee under the FFCRA. Other than for the exemption from the FFCRA, such employee will not be considered an emergency responder, unless previously designated as such, and shall not be entitled to, or have the ability to claim entitlement to, any other benefits, rights or status as provided to emergency responders under other laws, MOU's, regulations, policies or agreements.

4. All COVID-19 leave/pay provided for under these policies must be coordinated through each Employee's Department Head and approved by Human Resources. The Director of Emergency Services in coordination with Human Resources may delegate to the Department Heads determinations regarding which employees are necessary to maintain the public, health, safety, and welfare, as provided for in Section 3.

5. Effective immediately, Employees unable to work or Telework as a result of COVID-19 may use the leave benefits outlined in these policies.

6. County Employees who are required to remain home and who are not ill during this Emergency should attempt to Telework if feasible and if approved. Such employees may be required to report to their worksite at any time.

7. County Employees impacted by shelter in place orders will be assessed to determine the following:

- a. The Employee's role in fulfilling essential services for the County.
- b. The ability of the Employee's tasks to be completed either via Teleworking, an alternative schedule, or other method to provide the essential service.
- c. These essential Employees who are unable to Telework or provide their services by an alternative method, unless ill, may be required to report to work regardless of other factors which would otherwise qualify them for leave.

8. County Employees who are not ill, who are found to be fulfilling essential services and for which work is available, will be required to work, either at the County or by Telework.

9. For purposes of emergency leave/pay applications, the following definitions will apply:

- a. Telework – the practice of working from home in accordance with all applicable County policies and guidelines for such remote work;
- b. Full-time Employee – for the purposes of this policy, a Full-time employee is a regular employee whose regular schedule is at least 40 hours per week;
- c. Part-time Employee – for the purposes of this policy, an employee who is normally scheduled less than 40 hours per week.
- d. Temporary Employee – for the purposes of this policy, extra-help, retired annuitant, provisional or temporary worker, or paid intern who is normally scheduled less than 40 hours per week.
- e. Emergency Paid Sick Leave (EPSL) – Leave as outlined in FFRCA Emergency Leave Act. Time or the equivalent as outlined below amounting to 80 hours of paid time for Full-time Employees (average hours worked over two-week period for Part-time Employees) as provided by the FFRCA;
- f. Emergency FMLA (EFMLA) – Leave as outlined in FFRCA - Emergency Family Medical Leave Act Time, and without compromising essential services of the County, an employee who: (1) has been employed with the

County for at least thirty (30) calendar days; and (2) who needs to care for a dependent child due to a school or daycare closure resulting from COVID-19:

- i. For purposes of this leave, “dependent child” is a biological, adopted, foster child, stepchild, legal ward or a child of a person standing *in loco parentis*, who is under the age of 18, or 18 or older and who is incapable of self-care because of a mental or physical disability.

10. Emergency Paid Sick Leave:

- a. For any County Employee who is quarantined or isolated as the result of a federal, state or local directive, and who is not able to Telework or is only able to Telework for a portion of their regular schedule, shall be eligible to receive Emergency Paid Sick Leave as follows:

- i. Full-time Employees will receive 80 hours of Emergency Paid Sick Leave to be used for those hours in which the employee is unable to work or Telework. Pay is calculated at the Employee’s normal hourly rate, but not to exceed \$511 per day, or \$5,110 in the aggregate. Thereafter, the Full-time Employee will be eligible to use sick leave or other accrued leave as available.
- ii. Part-time and Temporary Employees will receive Emergency Paid Sick Leave at their normal hourly rate, for the number of hours equal to their average work hours over a two work week period, but in no case will such average exceed 80 hours. Thereafter, the Part-time Employee will be eligible to use sick leave or other accrued leave as available

- b. For any County Employee who is advised by a health care provider to self-quarantine due to COVID-19, who has been diagnosed with COVID-19, or who is experiencing COVID-19 symptoms as indicated in the Madera County COVID-19 Screening Checklist for Employers, shall be eligible to receive Emergency Sick Leave Pay and other leaves/pay as follows:

- i. A Full-time Employee will receive 80 hours of Emergency Paid Sick Leave to be used for those hours in which the employee is unable to work or Telework. Thereafter, the Full-time Employee will be eligible to use sick leave or other accrued leave as available.
- ii. A Part-time and Temporary Employees will receive Emergency Paid Sick Leave in an amount equal to the average work hours over a two work week period, but in no case will such average exceed 80 hours. Thereafter, the Part-time Employee may utilize sick leave or other accrued leave as available.

- c. For any County Employee who is caring for an individual who is quarantined

or isolated as the result of a federal, state or local directive, or caring for an individual who is sick due to COVID-19, shall be eligible to receive Emergency Paid Sick Leave and other leaves/pay as follows:

- i. A Full-time Employee will receive 80 hours of Emergency Paid Sick Leave at 2/3 their regular pay in an amount not to exceed \$200 per day and \$2000 in the aggregate. Employees who use this leave will be able to coordinate other leave benefits (if available) in order to make up any loss in pay during use of the 80 hours above. Thereafter, the Full-time Employee will be eligible to use sick leave or other accrued leave as available.
- ii. A Part-time and Temporary Employee will receive Emergency Paid Sick Leave at 2/3 their regular pay in an amount equal to their average work hours over a two work week period, but in no case will such average exceed 80 hours. The dollar amount of this leave shall not to exceed \$200 per day and \$2000 in the aggregate. Thereafter, the Part-time Employee may utilize sick leave or other accrued leave as available.

11. Emergency Paid Sick Leave and Emergency FMLA for Employees caring for Dependent Child:

- a. For any County Employee who is caring for a dependent child, as defined above pursuant to Emergency FMLA, due to a COVID-19 related school or daycare closure shall be eligible to receive Emergency Paid Sick Leave, Emergency FMLA and other leaves/pay as follows:
 - i. A Full-time Employee will receive 80 hours of Emergency Paid Sick Leave at 2/3 their regular pay rate, but not to exceed \$200 per day and \$2000 in the aggregate. This 80 hours will run concurrently with the 10 days of unpaid leave under the FFRCA - Emergency Family Medical Leave Act time. Thereafter the Full-time Employee will be eligible to use Emergency FMLA, provided they are not required to work in order to maintain essential County services, for the remaining 10 weeks if needed. During the 10 weeks the Full-time Employee they will be eligible to receive 2/3 of their average monthly earnings not to exceed \$200 per day and \$10,000 in the aggregate. Thereafter, the employee may use any other accrued leave as available.
 - ii. A Part-time Employee will receive Emergency Paid Sick Leave at 2/3 their regular pay in an amount equal to the average work hours over a two work week period, but in no case will such average exceed 80 hours. The dollar amount of this leave shall not to exceed \$200 per day and \$2000 in the aggregate. The Emergency Paid Sick Leave will run concurrently with the 10 days of unpaid leave under the FFRCA – Emergency Family Medical Leave Act time. Thereafter, the

Part-time Employee will be eligible to use Emergency FMLA, provided they are not required to work in order to maintain essential County services, for the remaining 10 weeks if needed. During the 10 weeks the Part-time Employee will be eligible to receive 2/3 of their average monthly earnings not to exceed \$200 per day and \$10,000 in the aggregate. Thereafter, the employee may utilize any accrued leave as available.

12. Full-time and part-time employees may be eligible for other State benefits related to disability, paid family leave, and/or unemployment due to a loss or reduction in paid working hours. This information and online applications can be found at https://www.edd.ca.gov/about_edd/coronavirus-2019/faqs.htm

13. All employees are expected to comply with local, state, and federal emergency directives in order to reduce risk to all County employees and prevent the spread of COVID-19. Employees who do not comply, may be ineligible for non-required leaves, such as but not limited to, paid Administrative Leave. In addition, employees who are teleworking must adhere to County policies and their supervisors' directives regarding telework.

14. Both Emergency Paid Sick Leave and Emergency FMLA will cease to be available on December 31, 2020, unless earlier terminated by law. Both leaves are not available to be cashed out or banked for later use and are only available due to the special circumstances currently being faced by the County and the Nation.

15. Employees must complete the applicable forms to receive family and medical care leave. The forms may be found on the Human Resources webpage under County Policies at: <https://www.maderacounty.com/government/human-resources/county-policies>

16. Nothing in these policies shall be deemed to confer any contractual obligations, property rights, or assume any County liability.

* * * * *

DATE AND TIME: April _____, 2020 at _____ a.m./p.m.

Elba Gomez, Director of Human Resources

ATTEST:

I am requesting to take EFMLA on an intermittent basis for the following reason(s):

_____.

Note: Employees using intermittent EFMLA must complete a COVID-19 timecard.

I acknowledge that I may be denied EFMLA or may be not granted the entirety of EFMLA requested if I have already previously used all or a portion of FMLA leave.

Employee Signature

I acknowledge that if approved for EFMLA that the first 10 days of EFMLA are unpaid but that I have the option to substitute my pay during those 10 days with EPSL first, then any available accrued sick, management leave, vacation, compensatory time or holiday compensatory time I may have.

Employee Signature

I acknowledge that I will not be approved for EFMLA without a submitting documentation supporting the need to take EFMLA. I am submitting with this request a true and correct copy of documentation in support of my need to take EFMLA. I also acknowledge that I may also have to submit certifications related to my need to take EFMLA

Employee Signature

NOTE: Examples of acceptable supporting documentation include the following: a notice that has been posted on a government, school, or day care website, or published in a newspaper, or an email from an employee or official of the school, place of care, or child care provider.

SECTION TWO: REQUEST FOR EPSL

I am requesting EPSL because I am unable to work or telework because of the following reason:

_____ I am subject to a 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. Employees who have underlying health conditions must obtain a doctor's note and participate in the interactive process with Human Resources before returning to work.

_____ I am experiencing symptoms in accordance with the Madera County Public Health COVID-19 Checklist.

NOTES:

Director of HR or Designee Printed Name

Signature of Director of HR or Designee

Employee Certification to Return to Work After Exhibiting Symptoms of COVID-19 or Suspicion of Having or Being Exposed to COVID-19, for Employees Not Working in a Healthcare Setting

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

I, _____, certify that, in accordance with the latest CDC guidance concerning the return to work of symptomatic persons or persons having been exposed to COVID-19, I have been free of fever (a "fever" is defined of 100.4° F [37.8° C] or greater using an oral thermometer) for at least 72 hours without the use of fever-reducing medications, that other signs of other COVID-19 related symptoms, including my respiratory symptoms (*e.g.*, cough or shortness of breath), have significantly improved in the last 72 hours, and that 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 [AGENCY] may either direct me to stay away from work or may require me to undergo a fitness for duty examination at the [AGENCY]'s expense and according to the [AGENCY]'s policy regarding fitness for duty examinations.

Signature

Date

Employee Certification to Return to Work After Testing Positive for COVID-19 and Remaining Asymptomatic for Fourteen Calendar Days or More Following Employee’s Positive Test

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

I, _____, certify that I tested positive for COVID-19 more than fourteen (14) calendar days prior to the date of this certification, and 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 fourteen (14) calendar days, without the use of fever-reducing or other symptom-altering medicines (*e.g.*, cough suppressants). 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 [AGENCY] may either direct me to stay away from work or may require me to undergo a fitness for duty examination at the [AGENCY]’s expense and according to the [AGENCY]’s policy regarding fitness for duty examinations.

Signature

Date