

LEAVE OPTIONS FOR EMPLOYEES EXEMPT FROM THE EFMLEA AND EPSLA

PAID ADMINISTRATIVE LEAVE

This Administration recognizes that employees who are designated as exempt from the paid leaves provided through the Families First Coronavirus Response Act (FFCRA) may need to take time off from work for their own health reasons related to COVID-19. Therefore, the Administration has authorized up to 80 hours of paid administrative leave for employees who are deemed exempt from the provisions of the Emergency Family and Medical Leave Expansion Act and the Emergency Paid Sick Leave Act and are unable to work or telework for the reasons specified below related to COVID-19:

1. The employee is subject to a federal, state, or local quarantine or isolation order related to COVID-19. [*The stay healthy at home order issued by Gov. Mills does not prevent any state employee from working and therefore does not satisfy this requirement*].
2. The employee has been advised by a health care provider to self-quarantine related to COVID-19. This applies only when the health care provider's advice for the employee to self-quarantine is based on a belief the employee *has* or *may have* COVID-19. This does not apply when an employee is advised to self-quarantine to protect their own health, or the health of a family or household member¹.
3. The employee is experiencing COVID-19 symptoms *and* is seeking a medical diagnosis.

To access the paid administrative leave authorized by the Administration, employees must provide the following information on the attached form:

1. Employee's name
2. Date(s) of leave requested
3. Qualifying COVID-19 reason for the leave
4. Statement representing that the employee is unable to work or telework due to the COVID-19 qualifying reason; and
5. Name of the government entity issuing the quarantine or isolation order, or name of the health care provider advising employee to self-quarantine and providing the medical diagnosis

UNPAID LEAVE OPTION

Paid administrative leave is **not** available for (a) absences due to caring for someone who *has* or *may have* COVID-19 or the individual is experiencing COVID-19 symptoms *and* is seeking a medical diagnosis; or (b) absences to care for children due to COVID-19-related school or child care closures. If an employee is unable to work or telework due to the *need* to care for a *family or household member* under reasons (a)² or (b)³, and there is *no other suitable person available* to provide the care, an unpaid leave option is available. This unpaid leave provided during an extreme public health emergency requires the employer to continue to pay the employer share of benefits. Employees should contact Human Resources to provide documentation and request this unpaid leave.⁴

¹ If an employee is requesting an absence in order to protect their own health, or the health of a family or household member, they may qualify for other leave options under the FMLA or ADA; employees should contact their Human Resources office for further information.

² Sick leave may be used for reasons consistent with the Sick Leave article of the collective bargaining agreement.

³ Vacation requests consistent with the collective bargaining agreement may be denied based on operational need.

⁴ Exempt employees should also contact Human Resources to determine what other leave options may be available to them for other COVID-19 related reasons.

COVID-19 ADMINISTRATIVE LEAVE

REQUEST FORM

PAID ADMINISTRATIVE LEAVE FOR QUALIFYING COVID-19 REASONS

The Administration allows up to 80 hours of paid administrative leave for employees who are unable to work or telework when the employee:

1. is subject to a federal, state, or local quarantine or isolation order related to COVID-19;
2. has been advised by a health care provider to self-quarantine related to COVID-19; or
3. is experiencing COVID-19 symptoms and is seeking a medical diagnosis.

If you wish to request COVID-19 Administrative Leave when you are unable to work or telework because of one of the reasons above, please provide the following information:

Employee name: _____

Dates of leave requested: _____

Are you requesting consistent or intermittent leave? _____

If intermittent, please state your work availability. _____

NOTE: Intermittent leave ONLY available with mutual agreement between employee and agency.

Reason for leave request: _____

Refer to one of the qualifying reasons above.

Are you unable to work or telework because of this COVID-19 reason? Yes ____ No ____

If you are subject to a federal, state, or local quarantine or isolation order related to COVID-19 (reason #1), what government entity has issued the quarantine/isolation order that prevents you from working or teleworking? _____

[NOTE: The stay healthy at home order issued by Governor Mills does not prevent any state employee from working and therefore does not satisfy this requirement].

If you have been advised by a health care provider to self-quarantine related to COVID-19 (reason #2 and #3 above), state the name of that health care provider: _____

I attest that the above information is accurate and complete. I understand falsification of any information given may lead to disciplinary action.

Employee Signature: _____ Date: _____