



## EMERGENCY Paid Family and Medical Leave Policy

### 1.0 INTRODUCTION

The purpose of the policy is to establish guidelines to comply with the Families First Coronavirus Response Act (“FFCRA”) and its Emergency Family and Medical Leave Expansion Act (“E-FMLA”) for Kanawha County Commission (“Commission”) as required by federal law. This policy can provide a total of 12 weeks of leave for eligible employees for a qualifying event as defined below. The policy is intended to supplement the Commission’s existing FMLA policy and the benefits and protections it provides to employees.

### 2.0 EFFECTIVE DATE

This Policy is only effective for leave taken between **April 1, 2020 to December 31, 2020**.

### 3.0 ELIGIBILITY

This policy applies to all employees (full & part-time) who have been employed at least thirty (30) days. You are considered to have been employed by your employer for at least 30 calendar days if your employer had you on its payroll for the 30 calendar days immediately prior to the day your leave would begin.

For example, if you want to take leave on April 1, 2020, you would need to have been on payroll as of March 2, 2020.

- To take leave under the E-FMLA, an employee must be unable to work or telework (telework means working from home) due to a qualifying need related to a public health emergency which is defined as: “a need for leave to care for a child under 18 years of age who was affected by school or child care closures or whose child care provider is unavailable due to COVID-19.” A child care provider is one who receives compensation for providing services. A child also includes an individual over 18 years of age who is mentally or physically disabled and unable to care for themselves.

### 4.0 EMPLOYEE BENEFITS

1. The first 10 days (two weeks) of E-FMLA will be unpaid E-FMLA leave; however, the first 10 days may be covered by the E-PSL Act which provides paid leave for COVID-19 related absence. The employee may elect to have accrued paid leave run concurrently with E-FMLA leave.
2. After 10 days, the employee receives at least two-thirds (2/3) of their regular rate of pay for the number of hours the employee would normally be scheduled over the time period.
3. An employee may receive a maximum of \$200 a day of E-FMLA leave, and \$10,000 in the aggregate over the remaining 10 weeks.
4. Part-time employees will be paid for the number of hours they are normally scheduled to work in a two-week period. If normal schedules are not followed, a six-month average will be used to calculate average daily hours. If the employee has been employed less than six months, the Commission will calculate the appropriate number of hours of leave based on the average hours per day the employee was scheduled to work over the entire term of his or her employment.
5. The 12-week leave provided by this Policy is reduced by any Family Medical Leave Act ("FMLA") leave the employee has already used in the preceding 12 months.
6. The Commission will restore any employee taking this leave to his or her position or an equivalent position upon their return to work.

## **5.0 NOTICE**

Where leave is foreseeable, an employee should provide notice of leave to the employer as is practicable.

## **6.0 PROHIBITIONS**

The Commission will not discharge, discipline or otherwise discriminate against any employee who takes paid leave under the E-FMLA Act or who files a complaint or institutes a proceeding under the FFRCA, and the E-FMLA section.

## LEAVE REQUEST FORM

To request emergency paid family and medical leave as provided under the Families First Coronavirus Response Act, the Emergency Family and Medical Leave Expansion Act, and Kanawha County Commission's **Emergency Paid FAMILY MEDICAL LEAVE POLICY**, please complete the following request form and submit to your manager as soon as possible before leave commences.

Employees who wish to avoid the ten (10) days of unpaid leave mandated under the Emergency Family and Medical Leave Act by utilizing Emergency Paid Sick Leave under the Kanawha County Commission's Emergency Paid Sick Leave Policy – to the extent such employee has not already exhausted such leave –are directed to complete a Leave Request Form for Emergency Paid Sick Leave prior to, or contemporaneously with, completion of this Leave Request Form.

Employee Name (print clearly): \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Department: \_\_\_\_\_

Elected Official: \_\_\_\_\_

Requested Leave Start Date: \_\_\_\_\_ Estimated End Date: \_\_\_\_\_

The reason for this emergency paid (2/3) FMLA leave request is (check one reason below):

I am caring for my child whose primary or secondary school or place of care has been closed, or my childcare provider is unavailable due to COVID-19, and that there is no co-parent, co-guardian, or a usual child care provider available to care for the child's needs.

Are you able to telework (work from home)?: Yes \_\_\_\_\_ No \_\_\_\_\_

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_

