



Emergency Paid Sick Leave Policy (COVID-19)

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 Paid Sick Leave Act (“E-PSL Act”) for Kanawha County Commission (“Commission”) as required by the new federal law.

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) regardless of the date of hire.

➤ **To take leave under the E-PSL Act, an employee must be unable to work or telework (work from home) due to the following reasons:**

1. The employee is subject to a government-mandated quarantine or isolation order related to COVID-19.
2. The employee is directed by a health care provider to self-quarantine related to COVID-19.
3. The employee is experiencing COVID-19 symptoms and seeking a medical diagnosis.
4. An employee is taking care of an individual (not limited to a family member) who is subject to a government-mandated order described in (1) or is subject to self-quarantine as described in (2) above.
5. The employee is caring for a son or daughter of such employee if the school or place of care of the son or daughter has been closed, or the child-care provider of such child is unavailable, due to COVID-19. The term "son or daughter" means a biological, adopted, or foster child, a stepchild, grandchild as defined by the commission’s existing Paid Parental FMLA policy, a legal ward, or, when the employee is standing in loco parentis to a child who is-
 - (A) under 18 years of age; or
 - (B) 18 years of age or older and incapable of self-care because of a mental or physical disability.

6. The employee is experiencing any other substantially similar conditions specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.

4.0 EMPLOYEE BENEFITS

1. Full-time employees will receive up to 80 hours of sick pay at their regular rate of pay, if their sick leave is covered by items 1-3 listed above in Section 3.0. If the reason for paid sick leave is included within items 4-6 as listed in Section 3.0, employees receive 2/3 of their regular rate of pay.
2. 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.
3. If the reason for leave is items 1-3 listed in Section 3.0, an employee will be paid their normal hourly rate or the applicable minimum wage, whichever is higher, up to a maximum of \$511 a day and a maximum of \$5,110 in the aggregate over a two-week period.
4. If the reason for leave is items 4-6 listed in Section 3.0, an employee will be paid a maximum benefit of 2/3 of an employee's rate of pay or 2/3 of the applicable minimum wage, whichever is higher, with a maximum of \$200 a day, and a maximum of \$2,000 in the aggregate over a two-week period.
5. This leave is a benefit in addition to any other employee benefit and will not diminish or serve as a replacement for those other benefits. **The Commission will not require employees to use other leave before using the E-PSL Act leave, but it is the employee's option to use any other leave with the E-PSLA leave.** Nothing herein shall lessen a collective bargaining agreement or confer greater benefits to employees under a contract or plan.
6. Leave under this policy is capped at 80 hours for a full-time employee. For a part-time employee, leave under this policy is capped at the average number of hours (calculated within Section 4.0 Paragraph 2 above) that the employee works over a typical two-week period. These caps under the Emergency Paid Sick Leave Act apply for any combination of qualifying reasons contained within Section 3.0 paragraphs (1) through (6) above.

5.0 NOTICE

Where leave is foreseeable, an employee should provide notice of leave to the employer as is practicable. After the first workday of paid sick time, employees may be required to follow reasonable notice procedures in order to continue receiving paid sick time.

6.0 CARRY-OVER

Any unused E-PSL will not carry over to the following year and employees will forfeit any unused time of the E-SPL.

7.0 PROHIBITIONS

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

LEAVE REQUEST FORM

To request emergency paid sick leave as provided under the Families First Coronavirus Response Act and Kanawha County Commission's Emergency Paid Sick Leave Policy, please complete the following request form and submit to your manager as soon as possible before leave commences.

Employee Name (print clearly): _____

Phone: _____ Email: _____

Department: _____

Elected Official: _____

Have you ever used leave under the Emergency Paid Sick Leave Act? If yes, when and how much was used? _____

Requested Leave Start Date: _____ Estimated End Date: _____

The amount of emergency paid sick leave being requested is _____ hours.

The reason for this emergency paid sick leave request is (check one reason below):

- 1) I am subject to a federal, state, or local quarantine or isolation order related to COVID-19.
- 2) I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
- 3) I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.
- 4) I am caring for an individual who is subject to either number 1 or 2 above.
- 5) 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.
- 6) I am experiencing another substantially similar condition specified by the secretary of health and human services.

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

Employee Signature _____ Date _____

Supervisor Signature _____ Date _____