

Effective: **Updated July 15, 2020**

Expires: December 31, 2020

Contact: Noemi Borjon, HR Director

**Temporary Emergency Paid Sick Leave Policy:**

This emergency sick leave policy is in place to comply with the Healthy Families Workplace Act (HFWA-SB 20-205) to make paid sick leave available for sick leave related to COVID-19. This paid sick leave policy applies to employees working in the State of Colorado. Employees working in Wyoming and New Mexico please refer to the Recommended Guidelines section within this policy. This policy will be in effect from July 14, 2020, until December 31, 2020. Our existing Leave Policies still applies for sick leave not related to COVID-19, including FMLA qualifying leave for reasons outside of this policy. Please refer to our Leave Policy available in our HR Department web page.

**QUALIFYING REASONS FOR PAID SICK LEAVE:**

All employees are subject to paid sick leave under the Emergency Paid Sick Leave Act (PUB L 116-117) as mandated by the State of Colorado under HFWA for sick leave related to COVID-19 for an employee unable to work or telework due to any of these three (3) Categories:

- (1) **having** COVID-19 symptoms **AND** seeking a medical diagnosis; or
- (2) being **ORDERED** by a government agent (federal, state or local) or **ADVISED** by a health care provider, to quarantine or isolate due to a risk of COVID-19; or
- (3) **taking care** of an individual due to COVID-19 due to reason 2 above, or has a child whose school, place of care or child care is **CLOSED or UNAVAILABLE**.

**WHO IS COVERED:**

All employees in Colorado whether in an as needed, temporary, part-time, or full-time status. Both exempt and non-exempt (hourly) positions.

**HOW TO REQUEST PAID SICK LEAVE:**

Notice for sick leave under this policy must be made as soon as practicable during or after the first workday when leave is taken. Notice must be made to immediate supervisor. This is true for categories

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1 and 2 above. For sick leave due to child care related to a COVID-19 closure, advance notice **MUST** be provided if it is foreseeable.

Notice can be oral with enough information for employer to determine whether leave is for a COVID-19 related leave under the Healthy Families Workplace Act.

Supervisor is required to immediately notify HR Director, after first workday of leave is taken, of an employee requesting paid sick leave under the HFWA (this policy). HR Director will request from employee documentation and written statement to support their request meets HFWA.

### **STEPS:**

1. Notify supervisor of request for sick leave due to COVID-19
2. Verbal notification that sick leave meets any of three criteria of HFWA.
3. Supervisor notifies HR Director
4. HR Director will request employee complete the Request for Leave, provide a Written Statement and documentation supporting request (see Documentation section below).

### **HOW MUCH PAID LEAVE:**

#### **For Category 1 and 2:**

Two weeks of paid leave (up to 80 hours) at regular rate of pay.

Up to a max of \$511 a day.

#### **For Category 3:**

Two weeks of paid leave (up to 80 hours) at two-thirds of regular rate or minimum wage, whichever is higher.

Up to a max of \$200 a day.

### **REASONABLE DOCUMENTATION:**

Per Federal Law (29 C.F.R 826.100), if you are requesting leave in category 1 or 2, the documentation you must provide to Human Resources must include a signed statement with the following information:

- a) Date(s) for which leave is requested.
- b) Qualifying reason for paid sick leave.
- c) A statement that you are unable to work and/or telework because of the qualifying reason; AND

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- d) Name of the health care provider who advised you (of family member/individual) to quarantine or self-isolate, OR the name of the government entity issuing the quarantine or isolation order.

If paid sick leave is under category 3, the documentation you must provide to employer (HR) must include a signed statement with the following information:

- a) Date(s) for which leave is requested.
- b) The name of the child requiring care.
- c) The name of the school, place of care, or child care provide that is closed or unavailable; AND
- d) A statement that no other suitable person is available to care for the child during the leave period.

### OTHER RULES and PROVISIONS:

- Unused paid sick leave under this policy is not convertible to cash upon termination.
- It has no carryover provision from one year to the next.
- Paid sick time terminates at the end of the 2 week period.
- **Paid sick leave under HFWA is available only once in 2020.**
- No paid sick leave is granted if the school, church or entire organization (workplace) is closed due to a temporary government quarantine/isolation order, unless telework is an option.
- No paid sick leave is granted if employee is on "furlough" or has been "laid off" due to a reduction in force.

An employee requesting sick leave but is unable to provide documentation that supports leave in one of the three categories, will be granted sick leave per the current Leave Policy. **If no sick time is available, sick leave will be unpaid.**

### RECOMMENDED GUIDELINES (All STATES):

The Conference continues to recommend the following guidelines:

#### COVID-19 SYMPTOMS (All Employees):

- If you begin to have flu-like symptoms such as a fever, cough, and shortness of breath or other symptoms listed by the Centers for Disease Control and Prevention (link available under Resources) **do not come to work; if working go home.** Please inform your immediate supervisor, and HR Director.

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- You are **required** to give notice of your absence as soon as possible and to check in with your supervisor if you are on your third sick day (72 hours), and your fever or symptoms have worsened. Please seek medical attention and isolate for 10 days.
- If you have been in contact with someone with COVID-19, **DO NOT COME TO WORK** or if at work, **GO HOME**; isolate, notify your immediate supervisor and HR Director. Contact your health care provider if you begin to have flu-like symptoms (fever, cough, and shortness of breath). Self-isolate from others, including those you live with for 14 days and avoid being in public places.
- At the end of two weeks, you will be required to self-certify to Return to Work by completing a *Self-Certification Form* (HR will provide you this form) or your written statement stating that your fever and symptoms have improved and at last 10 days have passed since your symptoms began.

If you are absent for any of the reasons above, your absence will be covered under any unused sick leave available to you per our regular Leave Policy.

### **BEYOND TWO WEEKS (All States):**

If your condition or that of a family member has not improved after two weeks, contact Human Resources to see if you qualify for leave under the **Family Medical Leave Act (FMLA)**. You will be required to provide documentation under FMLA rules. Please see our Leave Policies regarding FMLA in the HR Department web page.

### **EMPLOYEE RIGHTS:**

No employee who appropriately utilizes emergency paid sick leave under this policy will be discharged, disciplined, discriminated or retaliated against for work time missed due to this leave.

**Please Note:** Employees will be subject to disciplinary action including up to termination if paid sick leave is used for other purposes other than those described in this policy.