

COVID-19 Preparedness Plan for City of Hawley 5-12-2020

City of Hawley is committed to providing a safe and healthy workplace for all our workers. To ensure that, we have developed the following Preparedness Plan in response to the COVID-19 pandemic. Managers and workers are all responsible for implementing this plan. Our goal is to mitigate the potential for transmission of COVID-19 in our workplaces, and that requires full cooperation among workers and management. Only through this cooperative effort can we establish and maintain the safety and health of our workers and workplaces.

Management and workers are responsible for implementing and complying with all aspects of this Preparedness Plan. City of Hawley Department Heads have our full support in enforcing the provisions of this policy.

Our workers are our most important assets. Our Preparedness Plan follows Centers for Disease Control and Prevention (CDC) and Minnesota Department of Health (MDH) guidelines and federal OSHA standards related to COVID-19 and addresses:

- Prompt identification and isolation of sick persons
- hygiene and respiratory etiquette;
- engineering and administrative controls for social distancing;
- housekeeping – cleaning, disinfecting and decontamination;
- prompt identification and isolation of sick persons;
- communications and training that will be provided to managers and workers; and
- management and supervision necessary to ensure effective implementation of the plan.

This is a fluid document. Anticipate modifications as resource information is updated. Document changes will be made and updated versions will be distributed.

Screening and policies for employees exhibiting signs and symptoms of COVID-19

Staff have been informed of and encouraged to self-monitor for signs and symptoms of COVID-19.

The policies and procedures outlined within the Planning for the Coronavirus Disease 2019 (COVID-19) are being implemented to assess workers' health status prior to entering the workplace and for workers to report when they are sick or experiencing symptoms.

- ▶ Employees shall have our Health Screen Questionnaire and will fill out an initial questionnaire to have on file. They shall again review the questionnaire daily and if any answer should happen to change, immediately contact their department head. If department head is not available, then contact the Clerk Treasurer. Touchless thermometers are available for use at City buildings as another method to check for elevated temperature – staff assisting in taking a temperature must wear mask & gloves. (Form is attached)
- ▶ Health Screen Questionnaire shall be turned into Department Heads (content of the form is non-public data.) Any worker whom is sick or experiencing symptoms while at home shall call their department head to report their conditions (using the #1 checklist.) Any worker experiencing symptoms shall be promptly isolated (leave employer premises and call department head from vehicle or residence.)

The City of Hawley has implemented leave policies that promote workers staying at home when they are sick, when household members are sick, or when required by a health care provider to isolate or quarantine themselves or a member of their household.

Sick City staff should stay home

If a City staff member is sick they should stay home, except to get medical care. Staff members with undiagnosed fever and/or acute respiratory symptoms should self-quarantine for whichever is longer: 1.) Seven days after illness onset or 2.) 72 hours after resolution of a fever (without taking fever-reducing medication) and improvement of respiratory symptoms.

Employees who are exposed to other household members who have symptoms of acute respiratory illness are recommended to stay home and not come to work until the household member is free of a fever, signs of a fever, and any other symptoms for at least twenty-four (24) hours.

The requirement of a written explanation from your doctor for absences of three or more days will be reviewed on a case by case basis. You may be required to produce a physician's note stating that you can safely return to work, depending upon the availability of medical providers and the severity of the situation.

City staff having contact with possible COVID-19

City staff who have had contact with a person who has been confirm tested positive with COVID-19 shall stay at home and self-quarantine for a period of seven (7) days. Staff who have contact with a person undergoing testing for COVID-19 or a person that has had possible contact with someone that has been diagnosed with COVID-19 should consider staying at home and/or utilizing social distancing.

Accommodations for workers with underlying medical conditions or who have household members with underlying health conditions have been implemented. **See Request for Emergency Paid Sick Leave – City of Hawley form for employees to request emergency paid sick leave under the FFCRA.**

The City of Hawley has also implemented a policy for informing workers if they have been exposed to a person with COVID-19 at their workplace and requiring them to quarantine for the required amount of time. **All employees whom have been exposed to a person with COVID-19 at their workplace will be notified by a telephone call from their department head or the Clerk Treasurer. This call will give them directions to leave work and quarantine for the required amount of time. A follow-up letter with details will be mailed to the employee within 1 business day of the telephone call.**

In addition, a policy has been implemented to protect the privacy of workers' health status and health information. **Health Information is confidential/no names shall be provided. This information is covered under the City's data policy.**

Handwashing

Basic infection prevention measures are being implemented at our workplaces at all times. Workers are instructed to wash their hands for at least 20 seconds with soap and water frequently throughout the day, but especially at the beginning and end of their shift, prior to any mealtimes, after using the toilet and in accordance with routine safety practices required or recommended for specific position descriptions. All workplaces should have hand-sanitizer dispensers (that use sanitizers of greater than 60% alcohol) that can be used for hand

hygiene in place of soap and water if necessary (use soap and water when possible as this is a more effective means of decontamination).

- *Practice good hygiene.* City staff members and employees should practice good hygiene. This includes covering coughs and sneezes, washing hands often, and avoiding sharing personal items with others.
- *Group meetings.* City staff members and employees should limit meeting participation to ten or less in- person participants.

Respiratory etiquette: Cover your cough or sneeze

Workers and visitors are instructed to cover their mouth and nose with their sleeve or a tissue when coughing or sneezing and to avoid touching their face, in particular their mouth, nose and eyes, with their hands. Tissues should be disposed of in the trash and hands wash or sanitized immediately afterward. Respiratory etiquette will be demonstrated on posters and supported by making tissues and trash receptacles available to all workers and visitors. MN Dept of Health Cover Your Cough Posters are placed at every City building/facility for the public and employees.

Social distancing

In an effort to reduce exposure to potential contaminants, staff should reduce their direct contact with one another and the public in an effort to protect our essential staff and the public we serve. Social distancing is being implemented in the workplace through the following engineering and administrative controls:

- **Buildings:**
 - City Facilities currently closed to the public should remain closed until City Council makes a determination to reopen.
 - When City facilities reopen, areas in which the public and staff interact closer than six feet for longer than 10 minutes shall have shields or other methods installed in these areas.
- **Vehicles:**
 - Staff should continue the practice of limiting vehicles to one occupant, where possible. When not possible, occupants must wear masks. Vehicles must be disinfected before and after use, or after each work shift, for public safety personnel.
- **Office/Building Areas:**
 - When possible, maintain six feet of distance between workers. Where this distance is not possible, employees should wear masks or other physical barriers should be put in place.
 - Workers shall not utilize phones, equipment, desks, or other personal tools or equipment without utilizing the following cleaning protocols: wiping down with disinfecting solution.

- Examples/General Best Practices:
 - Interact with co-workers while maintaining appropriate social distancing.
 - Work at workstation as long as there is adequate space between workers.
 - Only Conduct meetings in rooms which allow social distancing.

Nothing in this plan prohibits staff from wearing additional PPE as they feel necessary.

Staff suggestions and recommendations regarding these guidelines are welcome. Please pass ideas along to supervisors.

Housekeeping

Regular housekeeping practices are being implemented, including routine cleaning and disinfecting of work surfaces, equipment, tools and machinery, and areas in the work environment, including restrooms, break rooms, lunch rooms and meeting rooms. Frequent cleaning and disinfecting will be conducted in high-touch areas, such as phones, keyboards, touch screens, controls, door handles, elevator panels, railings, copy machines, etc.

- ▶ *Clean and disinfect surfaces.* City staff members and employees should ensure all “high-touch” surfaces are cleaned and disinfected on a regular basis. High touch surfaces include desks, counters, tables, doorknobs, bathroom fixtures, toilets, phones, keyboards, computers, etc. Supplies will be provided.
- ▶ If a worker is diagnosed with COVID-19 we will have the areas, vehicles, and materials that they have been in contact with sanitized with disinfecting solution (by employees wearing proper PPE or by hiring a reputable cleaning company to do the sanitizing.) All such areas shall be sanitized once an employee has been diagnosed and prior to opening the facility to the other employees.

Communications and training

This Preparedness Plan was communicated **by mailing** to all workers **5-19-2020** and necessary training was provided. Additional communication and training will be ongoing **by department heads and mailings** and provided to all workers who did not receive the initial training. Managers and supervisors are to monitor how effective the program has been implemented by **reporting to the City Council**. Management and workers are to work through this new program together and update the training as necessary. This Preparedness Plan has been certified by **City of Hawley City Council** and was posted throughout the workplace **5-19-2020**. It will be updated as necessary.

Certified by:

Lisa Jetvig
Clerk Treasurer

Accordingly, it is the City's desire to have employees working when reasonably possible to continue projects, maintain buildings and services, and prepare for a return to normal following the pandemic.

The City of Hawley also wants to maintain a safe workplace and encourage and adopt practices protecting the health of employees, customers, and the public. Because of the impact of the COVID-19 outbreak, the City recognizes the need to provide flexibility for employees who are ill, experiencing COVID-19 symptoms, are more susceptible to COVID-19 because of an underlying health condition, caring for family who are ill, or caring for children at home related to school closures.

Effective April 2, 2020, the city will be implementing the federal Emergency Family and Medical Leave Expansion and Emergency Paid Sick Leave Acts that will govern components of paid leave time off attributable to the COVID-19 outbreak. More information will be forthcoming on such implementation before the effective date while taking into account regulations and/or guidance forthcoming from the federal government on such laws.

Paid Leaves

City of Hawley is implementing, the following components of

paid leave for employee's eligible to receive paid leaves from the city to address the utilization of paid leave involving the COVID-19 outbreak as follows through April 1, 2020:

1. Sick leave may be utilized in the event where a family member's school or place of care has been closed due to COVID-19 and the employee's presence is required to provide care for the family member.
2. Sick or other paid leave may be utilized for absence from work due to COVID-19 related symptoms and/or quarantine/self-quarantine and/or possible exposure.
3. If an employee's paid leaves are exhausted, the employee may to be paid for up to 80 hours of time, prorated based on the employee's normal work schedule, for the following:
 - A. Absence from work due to COVID-19 related symptoms and/or quarantine/self-quarantine and/or possible exposure.
 - B. In the event where a family member's school or place of care has been closed due to COVID-19 and their presence is required to provide care for the family member.

Such request for additional paid time must be made in writing and approved by the Department Director and Human Resources.

4. Any time off paid when paid leaves are exhausted will be deducted from all of the employee's future accruals of paid leave time until such time deductions equal time off paid after paid leaves were exhausted. After all such time is deducted, the employee will be credited with their paid leave accruals.

Please contact Clerk Treasurer for more details and proper forms. If sick, please contact by telephone 218-483-3331.

Appendix A – Guidance for developing a COVID-19 Preparedness Plan

General

www.cdc.gov/coronavirus/2019-nCoV

www.health.state.mn.us/diseases/coronavirus

www.osha.gov

www.dli.mn.gov

Handwashing

www.cdc.gov/handwashing/when-how-handwashing.html

www.cdc.gov/handwashing

<https://youtu.be/d914EnpU4Fo>

Respiratory etiquette: Cover your cough or sneeze

www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/prevention.html

www.health.state.mn.us/diseases/coronavirus/prevention.html

www.cdc.gov/healthywater/hygiene/etiquette/coughing_sneezing.html

Social distancing

www.cdc.gov/coronavirus/2019-ncov/community/guidance-business-response.html

www.health.state.mn.us/diseases/coronavirus/businesses.html

Housekeeping

www.cdc.gov/coronavirus/2019-ncov/community/disinfecting-building-facility.html

www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/disinfecting-your-home.html

www.epa.gov/pesticide-registration/list-n-disinfectants-use-against-sars-cov-2

www.cdc.gov/coronavirus/2019-ncov/community/organizations/cleaning-disinfection.html

Employees exhibiting signs and symptoms of COVID-19

www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/steps-when-sick.html

www.health.state.mn.us/diseases/coronavirus/basics.html

Training

www.health.state.mn.us/diseases/coronavirus/about.pdf

www.cdc.gov/coronavirus/2019-ncov/community/guidance-small-business.html

www.osha.gov/Publications/OSHA3990.pdf

Health Screening Questionnaire for City Employees (and Visitors) CITY OF HAWLEY

Health Screening Questionnaire for City Hall Employees (and Visitors)

The safety of our employees, their families and our citizens is Hawley's highest priority. The Centers for Disease Control and Prevention (CDC) and state/local health authorities have acknowledged community spread of COVID-19 and issued attendant precautions.

To reduce the potential risk of exposure to our workforce and city hall visitors, we are conducting a simple screening questionnaire. Your participation is important to help us protect you and everyone in this building. Thank you for your time and participation.

Date:	
Employee or Visitor's Name:	Phone number: (mobile/home)
Visitor's Company/Organization:	

Self-Declaration by Employee or Visitor Please check yes or no for questions 1-5	
1	<p>Do you currently have symptoms that may be due to COVID-19, particularly:</p> <ul style="list-style-type: none"> • A fever, or a sense of having a fever? <i>Note:</i> If a person's body temperature is at or above 100.4 degrees Fahrenheit, the individual may not be admitted to City Hall. • A new cough that you cannot attribute to another health condition? • New shortness of breath that you cannot attribute to another health condition? • A new sore throat that you cannot attribute to another health condition? • New muscle aches that you cannot attribute to another health condition or that that may have been caused by a specific activity (such as physical exercise)? • Fatigue that you cannot attribute to another health condition? • Chills, and or repeated shaking with chills, that you cannot attribute to another health condition? • A new loss of taste or smell that you cannot attribute to another health condition? <p> <input type="checkbox"/> No <input type="checkbox"/> Yes </p> <p><i>Reference Sources:</i> CDC: COVID-19 Symptoms DEED FAQs on safely returning to work </p>

2	<p>Have you been in close contact with someone diagnosed with COVID-19 either within 72 hours before their symptoms started, within 7 days after their symptoms began, or within 3 days after their symptoms ended?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p> <p><i>Reference Source:</i> <u>CDC: If you are sick</u></p>
3	<p>Have you attended any events larger than 10 people within the last 14 days?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Reference Source:</i> <i>On March 16, 2020, President Donald Trump issued guidelines to limit gatherings of more than 10 people.</i> <u>White House Corona Guidance</u></p>
4	<p>Have you traveled internationally in the last 14 days?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Reference Source:</i> <u>CDC: Travelers</u></p>
5	<p>Have you been in close contact with someone who has traveled internationally within the last 14 days and is now sick with any of the symptoms listed in Question 1?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Reference Source:</i> <u>CDC: Travelers and Cruises</u></p>

If the answer is “yes” to any of the questions, access to the facility will be denied. The city will make alternate arrangements to provide services to individuals denied access pursuant to this questionnaire.

Please refer to the League’s City Employment Issue During COVID-19 Pandemic FAQs for additional resource information. The employee should work with their supervisor to discuss potential accommodations, such as working from home. An employee sent home with a fever can return to work when:

- Individual has had no fever for at least three days without taking medication to reduce fever during that time; AND
- Any respiratory symptoms (cough and shortness of breath) have improved for at least three days; AND
- At least seven days have passed since symptoms began.

Reference resource: CDC: If you are sick

An employee may return to work earlier if a doctor confirms the cause of the employee's fever or other symptoms is not COVID-19 and provides a written release for the employee to return to work.

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I agree to abide by *City of (Name)* rules and procedures regarding social distancing, handwashing, and face covering as well as any additionally required PPE during the time I am in this workplace.

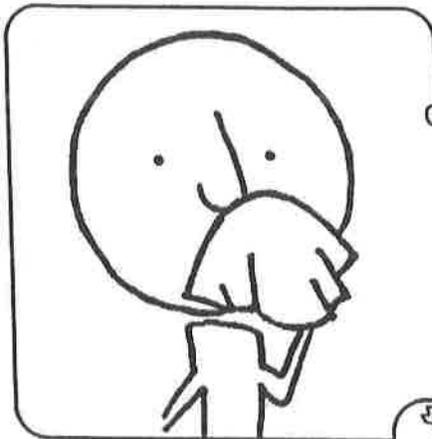
Signature (visitor/employee): _____

Date: _____

Pursuant to the Minnesota's Government Data Practices Act as well as the Americans with Disabilities Act, the content of this form is non-public data and only to be shared with those working for the city where their position reasonably requires access.

Stop the spread of germs that make you and others sick!

Cover your Cough



Cover your mouth
and nose with a
tissue when you
cough or sneeze
or

cough or sneeze into
your upper sleeve,
not your hands.

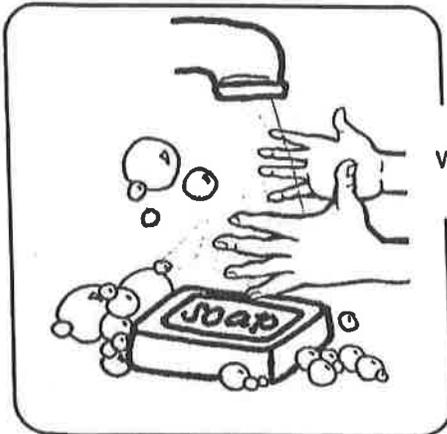


Put your used tissue in
the waste basket.



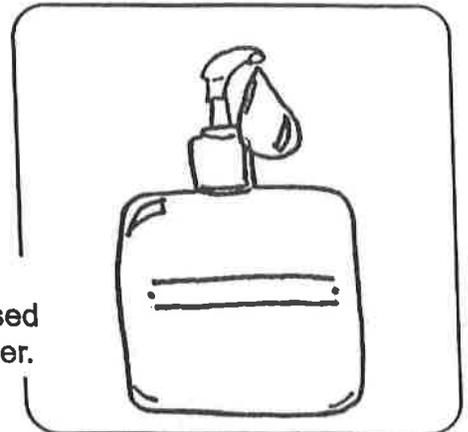
Clean your Hands

after coughing or sneezing.



Wash hands
with soap and
warm water

or
clean with
alcohol-based
hand cleaner.



EMPLOYEE RIGHTS

PAID SICK LEAVE AND EXPANDED FAMILY AND MEDICAL LEAVE UNDER THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT

The Families First Coronavirus Response Act (FFCRA or Act) requires certain employers to provide their employees with paid sick leave and expanded family and medical leave for specified reasons related to COVID-19. These provisions will apply from April 1, 2020 through December 31, 2020.

► PAID LEAVE ENTITLEMENTS

Generally, employers covered under the Act must provide employees:

Up to two weeks (80 hours, or a part-time employee's two-week equivalent) of paid sick leave based on the higher of their regular rate of pay, or the applicable state or Federal minimum wage, paid at:

- 100% for qualifying reasons #1-3 below, up to \$511 daily and \$5,110 total;
- ⅔ for qualifying reasons #4 and 6 below, up to \$200 daily and \$2,000 total; and
- Up to 12 weeks of paid sick leave and expanded family and medical leave paid at ⅓ for qualifying reason #5 below for up to \$200 daily and \$12,000 total.

A part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

► ELIGIBLE EMPLOYEES

In general, employees of private sector employers with fewer than 500 employees, and certain public sector employers, are eligible for up to two weeks of fully or partially paid sick leave for COVID-19 related reasons (see below). *Employees who have been employed for at least 30 days prior to their leave request may be eligible for up to an additional 10 weeks of partially paid expanded family and medical leave for reason #5 below.*

► QUALIFYING REASONS FOR LEAVE RELATED TO COVID-19

An employee is entitled to take leave related to COVID-19 if the employee is unable to work, including unable to telework, because the employee:

- | | |
|---|---|
| <ol style="list-style-type: none">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;3. is experiencing COVID-19 symptoms and is seeking a medical diagnosis;4. is caring for an individual subject to an order described in (1) or self-quarantine as described in (2); | <ol style="list-style-type: none">5. is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons; or6. is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services. |
|---|---|

► ENFORCEMENT

The U.S. Department of Labor's Wage and Hour Division (WHD) has the authority to investigate and enforce compliance with the FFCRA. Employers may not discharge, discipline, or otherwise discriminate against any employee who lawfully takes paid sick leave or expanded family and medical leave under the FFCRA, files a complaint, or institutes a proceeding under or related to this Act. Employers in violation of the provisions of the FFCRA will be subject to penalties and enforcement by WHD.



WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

For additional information
or to file a complaint:
1-866-487-9243
TTY: 1-877-889-5627
dol.gov/agencies/whd



Request for Emergency Paid Sick Leave – City of Hawley

For employees to request emergency paid sick leave under the Families First Coronavirus Response Act ("FFCRA")

Effective April 1, 2020, despite the city having work available for you, if you are unable to work, or telework because of the COVID-19 pandemic, you may be eligible for paid sick leave under new federal legislation. Paid sick leave under the Emergency Paid Sick Leave Act is in addition to other leave provided under Federal, State, or local law; an applicable collective bargaining agreement; or the city's accrued leave benefits. This Emergency Paid Sick Leave benefit is scheduled to expire on December 31, 2020 under the FFCRA and is not eligible for pay out at termination of employment.

You will be paid as noted below. Full-time employees may take up to 80 hours of paid emergency sick leave for a qualifying reason. Part-time employees may take the number of hours they typically work in an average two-week period. To request paid emergency sick leave, please complete the information below.

Employee Name:

Despite the city having available work for me, I certify I am unable to work or telework at this time due the following reason (check one of the applicable boxes):

I am subject to a Federal, State or local quarantine or isolation order related to COVID-19. I have attached to this form a copy of Governor Walz's Stay at Home Executive Order (found [here](#))

I am requesting Emergency Paid Sick Leave at my regular rate of pay for two weeks, up to a cap of \$511/day or \$5,110 total over the entire two-week Emergency Paid Sick Leave period for the following dates:

From (date): _____ to (date): _____

I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

Name of Health Care Provider who advised me to self-quarantine for COVID-19 related reasons:

I am requesting Emergency Paid Sick Leave at my regular rate of pay for up to two weeks, up to a cap of \$511/day or \$5,110 total over the entire two-week Emergency Paid Sick Leave period for the following dates:

From (date): _____ to (date): _____

I am experiencing COVID-19 symptoms and am seeking a medical diagnosis

Name of Health Care Provider I am contacting:

I am requesting Emergency Paid Sick Leave at my regular rate of pay for up to two weeks, up to a cap of \$511/day or \$5,110 total over the entire two-week Emergency Paid Sick Leave period for the following dates:

From (date): _____ to (date): _____

I am caring for an individual who is subject to a Federal, State or local quarantine or isolation order related to COVID-19; or who has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

Name of Individual: _____

*Relationship to Employee: _____

*Must be an immediate family member, roommate, or a similar person with whom the employee has a relationship that creates an expectation that the employee would care for the person due to the quarantine.

Please specify why employee is unable to work because of the reason for leave: _____

I have attached to this form a copy of Governor Walz's Stay at Home Executive Order, or

Name of Health Care Provider who advised identified individual to self-quarantine for COVID-19 related reasons:

I am requesting Emergency Paid Sick Leave at 2/3 my regular rate of pay for up to two weeks, up to a cap of \$200/day or \$2,000 total over the entire two-week Emergency Paid Sick Leave period for the following dates:

From (date): _____ to (date): _____

I am caring for my minor child whose school or place of care is closed (or child-care provider is unavailable) to due to COVID-19 related reasons. *Per Department of Labor April 1 Guidance, Emergency Paid Sick Leave is only for the period when the employee needs to, and actually is, caring for his or her child. I assert no other suitable person is available to care for the child during the period of this requested leave.*

From (date): _____ to (date): _____

Name of Child: _____ Age: _____

Relationship to Employee:

Name and City of School or Child Care Center/Provider the child is enrolled at: _____

Name of Child: _____ Age: _____

Relationship to Employee:

Name and City of School or Child Care Center/Provider the child is enrolled at: _____

Name of Child: _____ Age: _____

Relationship to Employee:

Name and City of School or Child Care Center/Provider the child is enrolled at: _____

I am requesting Emergency Paid Sick Leave at 2/3 my regular rate of pay for up to two weeks, up to a cap of \$200/day or \$2,000 total over the entire two-week Emergency Paid Sick Leave period for the following dates:

From (date): _____ to (date): _____



[Per the Department of Labor April 1 guidance, if an employer and employee both agree, an employee may take paid sick leave intermittently for the care of the employee's child whose school or place of care is closed, or whose child care provider is unavailable, because of COVID-19 related reasons.]



Please Note: With the care of a child older than 14 during daylight hours, you must include a statement that special circumstances exist requiring the employee to provide care.



Note: as passed, the Families First Coronavirus Response Act implements significant mandates on local governments as employers to provide expanded leave to employees, but unfortunately, language in the bill expressly prohibits government employers from receiving the tax credits to offset the costs of providing such leave. Because this is in flux, cities may want to include this now, in the event city eligibility for the tax credit becomes available in the future.

I am experiencing a substantially similar condition, as specified by the U.S. Department of Health and Human Services.

I am requesting Emergency Paid Sick Leave at 2/3 my regular rate of pay for up to two weeks, up to a cap of \$200/day or \$2,000 total over the entire two-week Emergency Paid Sick Leave period for the following dates:

From (date): _____ to (date): _____

I wish to use my accrued city leave balances to supplement any of the payments made to me at the 2/3 pay rate.

- I certify the above information is true and accurate to the best of my knowledge.
- I understand pursuant to federal regulations, payments made to employees taking paid leave pursuant to the FFCRA are not subject to the employer portion of the OASDI tax imposed by Section 3111(a) of the IRS Code, which is also known as the social security tax.

Employee Signature

Date

CITY OF HAWLEY
305 6TH ST, PO BOX 69
HAWLEY, MN 56549
218-483-3331
218-483-3332 FAX

Employee Request for Public Health Emergency Leave – City of Hawley

For Employees to Request Public Health Emergency Leave under the Families First Coronavirus Response Act ("FFCRA")

Effective April 1, 2020, despite the city having work available for you, if you are unable to work, or telework because you are caring for your minor child whose school or child care provider is closed or unavailable due to the COVID-19 pandemic, you may be eligible for a partially paid leave of absence through the Public Health Emergency Leave. This expanded Family Medical Leave is scheduled to expire on December 31, 2020 under the FFCRA.

If eligible, you may take up to 12 weeks of leave for this reason (providing you have not already exhausted the "traditional" FMLA you may be entitled to throughout the 12-month period). Pursuant to federal law, the first two weeks of leave are unpaid, but you may use your accrued vacation/PTO balances, accrued comp. time, or Emergency Paid Sick Leave (should you be eligible) during those initial two weeks.

To be eligible for this expanded FMLA leave, you must:

- have worked for the city for at least 30 days (i.e., for an eligible employee requesting leave on April 1, the employee would have to be on the city's payroll as of March 2, 2020);
- be unable to work or telework because you are caring for your minor child since your child's school or daycare closed or your childcare is unavailable due to COVID-19; and
- there is no other suitable person available to care for your child/children during the period of leave.

Employee Name:

I certify I am unable to work or telework at this time due to the need to care for my minor child/children who do not have school or child care due to the COVID-19 pandemic. This situation makes me:

Completely unable to work my normal schedule.

Dates of leave requested:

From (date): _____ to (date): _____

Able to work only a portion of my normal schedule. *(Please describe the hours you are able to work on a separate piece of paper and attach. This will be reviewed with your supervisor and a response provided as to whether the City can reasonably accommodate the requested schedule.)*

Child / Children I must care for:

Child's Name: _____ Age: _____

Relationship to Employee:

Name and City of School or Child Care Center/Provider the child is enrolled at:



Child's Name: _____ Age: _____

Relationship to Employee:

Name and City of School or Child Care Center/Provider the child is enrolled at:



Child's Name: _____ Age: _____

Relationship to Employee:

Name and City of School or Child Care Center/Provider the child is enrolled at:



 **Please Note:** *With the care of a child older than 14 during daylight hours, you must include a statement that special circumstances exist requiring the employee to provide care.*

- I certify that the above information is true and accurate to the best of my knowledge.
- I understand pursuant to federal regulations, payments made to employees taking paid leave pursuant to the FFCRA are not subject to the employer portion of the OASDI tax imposed by Section 3111(a) of the IRS Code, which is also known as the social security tax.
- I further certify that no other suitable person is available to care for the child(ren) during this period of time.

For my first two weeks of up to 12 weeks of Public Health Emergency Leave, I elect the following:

- Unpaid leave for two weeks
- Accrued leave through the city for two weeks (paid at my regular rate of pay) (vacation, comp time or PTO)
- Providing I am eligible, two weeks of Emergency Paid Sick Leave, subject to approval of my completed request form, paid at 2/3 of my regular rate of pay
- I wish to use my accrued city leave balances to supplement any of the payments made to me at the 2/3 pay rate, so I may receive my typical paycheck.

Employee Signature

Date

NOTICE TO EMPLOYEES:

- Employees qualifying for expanded FMLA leave due to school or child-care closures will be paid for two-thirds of their normal wage for the work hours missed, up to a maximum of \$200/day.
- The maximum hours available for regular part-time employees will be determined by normally scheduled hours. For example, a part-time employee who is scheduled to work 25 hours per week would be eligible for two-thirds of their normal wage for those hours, up to the maximum of \$200/day.
- The maximum hours available for limited part-time, temp and seasonal employees will be determined by calculating the average hours worked over the last six months to calculate the average daily hours.
- Prior to being eligible for this paid time-off benefit, employees must first take two weeks of time off to care for their child/children whose school or child care is closed due to the COVID-19 pandemic. This initial two weeks of time off shall be unpaid, in some cases paid through Emergency Paid Sick Leave, or paid through the use of some other form of employer provided accrued leave.
- The use of FMLA leave for this purpose counts towards an employee's total FMLA leave eligibility of 12 weeks per 12-month period.

Under Executive Order 20-81, businesses must:

Require that all people, including their workers, customers, and visitors, wear face coverings as required by Executive Order 20-81 and take reasonable steps to enforce the requirement.

Mitigate or eliminate worker and customer exposure to people who cannot wear or refuse to wear a face covering.

Update their COVID-19 Preparedness Plans to include the face covering requirements of Executive Order 20-81, inform their workers how their plan has been updated, and make the revised plan available to their workers.

Post one or more signs that are visible to all people—including workers, customers, and visitors—instructing them to wear face coverings as required by Executive Order 20-81.

When possible, provide accommodations to people, including their workers and customers, who state they have a medical condition, mental health condition, or disability that makes it unreasonable for the person to maintain a face covering. Accommodations could include permitting use of an alternate form of face covering—a face shield, for example—or providing service options that do not require a customer to enter the business.

Executive Order 20-81 does not:

Require businesses or their workers to enforce face covering requirements when it is unsafe to do so.

Authorize businesses to restrain, assault, or physically remove workers or customers who refuse to comply with Executive Order 20-81 when it would not otherwise be legal to do so.

Authorize businesses and their workers to violate other laws, including anti-discrimination laws.

For additional information about the steps businesses can take to ensure compliance with Executive Order 20-81, refer to Executive Order 20-81 which is available at [Executive Orders from Governor Walz \(https://mn.gov/governor/news/executiveorders.jsp\)](https://mn.gov/governor/news/executiveorders.jsp), and the [Frequently Asked Questions About the Requirement to Wear Face Coverings \(http://www.health.state.mn.us/diseases/coronavirus/facecoverfaq.html\)](http://www.health.state.mn.us/diseases/coronavirus/facecoverfaq.html).