

Resolution 2022-024

**Revised COVID-19 Temporary Leave Policy
(replacing Res# 2021-219)**

The Board of Trustee of Franklin Township, Franklin County, Ohio met in person in a Regular Session at 6:00p.m. on Thursday, February 10, 2022 and the following trustees were present:

Leezer: YES/ NO **Horn:** YES/ NO **Fleshman:** YES/ NO

Leezer made a motion for the adoption of the following resolution:

BE IT RESOLVED BY THE Board of Trustees of Franklin Township, Franklin County, Ohio that the Board approves to reinstate with revisions the previously expired COVID-19 temporary leave policy, Resolution 2021-219 for full-time and part-time staff. (See Exhibit)

Horn seconded the motion; the roll was called for the adoption of the resolution and the vote was as follows:

Leezer: YES/ NO **Horn:** YES/ NO **Fleshman:** YES/ NO

Trustee James Leezer, 2022 Chairman

Trustee Ralph Horn, 2022, Vice -Chair

Trustee John Fleshman

Attested to on this 10th day of February

Fiscal Nick Dunn/

Assistant Fiscal Officer Robyn Watkins

**TEMPORARY EMERGENCY COVID-19
LEAVE POLICY (FFCRA)**

A. Purpose

The purpose of this Policy is to define the rights and obligations of Franklin Township employees in connection with leave taken pursuant to the Families First Coronavirus Response Act FFCRA.

Emergency responders, i.e. Police, Fire, and EMS employees are to follow their Union protocols if such measures are outlined in their Collective Bargaining Agreement.

B. Policy and Effective Dates

Eligible employees may take leave for qualifying reasons in connection with COVID-19 consistent with this Policy. This Policy is temporary and is effective Immediately and until the Board determines it is no longer necessary,

C. Definitions:

The following definitions apply to this Policy:

1. "Eligible employee": An eligible employee means a Township full-time or part-time employee, except as stated in this policy.
2. "Emergency responder": An emergency responder is an employee who is necessary for the provision of transport, care, health care, comfort, and nutrition of such patients, or whose services are otherwise needed to limit the spread of COVID-19. This includes but is not limited to, police officers, firefighters, emergency medical services personnel, emergency medical technicians, paramedics, emergency management personnel, and persons with skills or training in operating specialized equipment or other skills needed to provide aid in a declared emergency as well as individuals who work for such facilities employing these individuals and whose work is necessary to maintain the operation of the facility. For the purpose of this Policy, all full-time and part-time

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employees in the Police and Fire Departments are "emergency responders" of the Township.

3. **Full-Time Employee:** A full-time employee IS an employee who is normally scheduled to work 40 or more hours per week
4. **Part-Time Employee:** A part-time employee is an employee who is normally scheduled to work fewer than 40 hours per week.
5. **"Qualifying reason":** A qualifying reason for the use of leave under this Policy means one or more of the reasons stated in Section D, Use of Leave, in this Policy.

D. Use of Leave

An eligible employee may use temporary paid leave under this Policy for the following reasons, if unable to work or telework due to one of these reasons, before using other accrued paid leave: 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); 5. is caring for a child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19, or 6. is experiencing any other substantially-similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.

E. Length of Leave and Compensation:

The length of leave and amount of compensation under this Policy, not deducted from employee leave balances, is limited to the following:

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1. For reasons (1)-(4) and (6): A full-time employee is eligible for 80 hours of leave, and a part time employee is eligible for the number of hours of leave that the employee works on average over a two-week period.
2. For reason (5): A full-time employee is eligible for up to 2 weeks of leave at 40 hours a week, and a part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.
3. Any and all requested leave beyond these stated terms shall be deducted from the employee accrued vacation leave, personal leave, or medical or sick leave.

F. Calculation of Pay:

1. For leave reasons (1), (2), or (3): employees taking leave are entitled to pay at either their regular rate or the applicable minimum wage, whichever is higher, up to \$511 per day and \$5,110 in the aggregate (over a 2-week period).
2. For leave reasons (4) or (6): employees taking leave are entitled to pay at 2/3 their regular rate or 2/3 the applicable minimum wage, whichever is higher, up to \$200 per day and \$2,000 in the aggregate (over a 2-week period).
3. For leave reason (5): employees taking leave are entitled to pay at 2/3 their regular rate or 2/3 the applicable minimum wage, whichever is higher, up to \$200 per day and \$2,000 in the aggregate (over a 2-week period).

**G. Additional Conditions of the TEMPORARY EMERGENCY COVID-19
LEAVE POLICY (FFCRA):**

1. An employee taking leave under this Policy is entitled to continued coverage under the Township's group health plan on the same terms as if the employee did not take leave.

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2. An employee taking leave under Category (5) paid sick leave must be present with the minor child or children during regular work hours and otherwise act in a manner consistent with the need for such leave.
3. No employee may take leave intermittently or on a reduced-schedule basis without the prior express approval of the Township.
4. No leave will accrue, or carry over into the following year.

H. Requests for Leave and Documentation:

Employee requests for leave must be submitted as soon as practicable prior to or as soon as possible after the need for leave begins. The employee must request leave on the " Covid-19 Leave Policy Request for Leave" Form. They must also include the required documentation to substantiate their need for leave such as proof of diagnosis of COVID-19 or medical recommendation to isolate and/or for meeting any of additional 'Qualifying Reasons for leave". Employees are required to follow the Township's policies and regular reporting procedures for each absence. The Township will maintain employee medical information confidentially. Employees taking leave under this policy are expected to engage in conduct consistent with their need for such leave. If circumstances of the need for leave change or are extended beyond the CDC's current guidelines, employees must notify their supervisor of the new facts so a determination can be made concerning the appropriate leave, if any, that is available to the employee.

I. Seniority and Reinstatement

Provided the employee meets the conditions of this Policy, an employee who takes leave under this Policy will be reinstated to the same or an equivalent position upon return from leave, except if the position that the employee

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occupied prior to taking the leave is not available due to an action that would have affected the employee regardless of whether the leave was taken.

J. Retaliation

No employee will be retaliated against for exercising a right to leave in accordance with this policy.

Employee Signature _____ Date _____

Fiscal Officer Signature _____ Date _____

**TEMPORARY EMERGENCY COVID-19 LEAVE POLICY (FFCRA)
REQUEST FOR LEAVE**

{This form must be completed and returned to your supervisor. All information and documents must be submitted for the Request to be considered)

Employee name: _____ Date: _____

Date(s) for which leave is requested: _____

Select the COVID-19 Qualifying Reason for Leave and provide the requested information and documentation to substantiate the need for leave:

- I am subject to a federal, state, or local quarantine, or isolation order related to COVID-19;

Provide the name of the government entity that issued the quarantine or isolation order.

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- I have been advised by a healthcare professional to self-quarantine because of COVID-19;

Provide the name of the health care provider who advised you to self-quarantine for a COVID-19 related reason:

- I am experiencing symptoms of COVID-19 and I am seeking a medical diagnosis; a. Attach (or provide as soon as available) a health provider's certification that you sought a medical diagnosis for COVID-19 symptoms.
- I have a bonafide need to care for an individual with whom I have a personal relationship, and I would be expected to care for the person, who has been ordered or advised to quarantine or isolate;

Provide the name of the individual for whom you are providing care and your relationship to that person:

- I am needed to, and I am actually, caring for a child under 18 years old due to the unavailability of school or childcare for COVID-19 reasons, or to care for an adult son or daughter, who (1) has a mental or physical disability, and (2) is incapable of self-care because of that disability, due to the unavailability of school or childcare for COVID-19 reasons;

Provide Name(s) and age(s) of the child (or children) to be cared for and the name of the school that has closed or place of care that is unavailable:

If there is a need to provide care for a child older than 14 years old during daylight hours, provide a statement of the special circumstance that exist requiring you to provide this care.

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REQUEST FOR LEAVE**

{This form must be completed and returned to your supervisor. All information and documents must be submitted for the request to be considered)

I hereby certify that I am unable to work or telework because of one or more of the reasons stated above. I further certify that the facts and documents provided by me in support of this application are true and correct to the best of my knowledge. *(5) I certify that no other person will be providing care for the child (or children) during the period for which I am requesting leave for this reason and/or that I am unable to work because of a need to provide care

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

The Township reserves the right to require further information.

Township Determination:

- Approved
- Partially Approved
- Disapproved

Comments: