

Families First Coronavirus Response Act Policy and Procedures

April 2020, rev. July 2020

The Families First Coronavirus Response Act (“FFCRA”) provides emergency paid sick leave (E-PSL) and expanded family and medical (E-FMLA) leave for specified reasons related to COVID-19 for the time period of April 1, 2020 through December 31, 2020. Mount St. Joseph University (the “University”) will provide qualified employees with such leave in accordance with the law. This policy summarizes the benefits, eligibility requirements, and procedures that apply. Employees with questions should contact the Office of Human Resources.

Emergency Paid Sick Leave Act (E-PSL)

Amount of Leave and Pay

Full-time employees can receive up to 80 hours of E-PSL, no matter when they were hired, to use for any of the reasons set forth at #1-6 below. Part-time employees are eligible for an allotment up to the number of hours they are normally scheduled to work in a two-week period. For purposes of this policy only, “full time” means employees who are regularly scheduled to work at least 40 hours per week on average. Employees who are regularly scheduled to work less than 40 hours per week on average are considered “part time” for purposes of this policy only.

The hourly rate for E-PSL is either 100% or 66.66% of the employee’s average regular rate, depending on the reason for the leave and subject to daily and aggregate maximums, as set forth below. When E-PSL would otherwise be paid at 66.66%, employees can elect to use accrued Paid Time Off to supplement their rate of pay to 100% of the employee’s regular rate.

Employees will be paid 100% of their average regular rate up to \$511/day or \$5,110 in the aggregate for COVID-19 absences related to reasons #1-3, listed below. Employees will receive 66.66% of their average regular rate of pay, with a max of \$200/day or \$2,000 in the aggregate, for absences related to reasons #4-6, listed below.

Qualifying Reasons for Emergency Paid Sick Leave

To take E-PSL, the employee must be unable to work (including work remotely) because of one of six reasons related to COVID-19:

1. The employee is subject to a government-mandated quarantine or isolation order.
2. The employee has been advised by a health care provider to self-quarantine based on a belief that the employee has or may have COVID-19 or the employee is particularly vulnerable to COVID-19.
3. The employee is experiencing COVID-19 symptoms and seeking a medical diagnosis.
4. The employee is caring for an individual who is subject to a government-mandated quarantine or isolation order or has been advised by a health care provider to self-quarantine based on a belief that the individual has or may have COVID-19 or the

individual is particularly vulnerable to COVID-19.

5. The employee is caring for the employee's son or daughter because the son or daughter's school or place of care has been closed or child care provider is unavailable due to COVID-19 precautions and no other suitable person is available to care for the son or daughter. (Please note leave taken for this reason qualifies as both E-PSL and E-FMLA.)
6. The employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.

B. Expanded Family Medical Leave Act (E-FMLA)

Amount of Leave and Pay

Employees who have been employed by the University for at least 30 days are eligible for up to 12 weeks of partially paid E-FMLA leave. While the first 10 days of leave are unpaid under the E-FMLA, this period of leave may be paid as E-PSL (if available) or employees may elect to use their accrued PTO concurrently with the first 10 unpaid days of E-FMLA leave.

After the first 10 days of E-FMLA leave, E-FMLA leave is paid at two-thirds of the employee's average regular rate of pay based on the average number of hours the employee normally would be scheduled to work, up to \$200 per day, or \$10,000 over the entire course of E-FMLA leave, unless the employee has accrued PTO available. If accrued PTO is available, employees are required to concurrently use it and will therefore be paid their full rate of pay.

Please note that employees are generally eligible for a combined total of 12 work weeks for any FMLA or E-FMLA leave taken during the 12-months leading up to the first day of the requested leave. (For military caregiver FMLA leave, employees are eligible for a combined total of up to 26 weeks of leave) Please see the University's [Family and Medical Leave Policy](#) for more information about FMLA leave.

Qualifying Reasons for Expanded FMLA Leave

Employees may take E-FMLA leave if the employee is unable to work (or work remotely) due to a need for leave to care for the employee's son or daughter under 18 years of age whose school or place of care is closed, or child care provider is unavailable, due to the COVID-19 public health emergency, and no other suitable person is available to care for the son or daughter. Please note "son or daughter" includes the employee's biological, adopted, or foster child, stepchild, legal ward, or child for the employee stands loco parentis, as well as a son or daughter age 18 years of age or older who is incapable of self-care because of a disability.

C. Procedures for Taking E-PSL or E-FMLA Leave

Notice of Need for Leave

All employees must adhere to the University's ordinary procedures for providing notice for missing work. While advance notice is not always possible, notice is expected no

later than the first workday (or portion thereof) during which leave is taken or as soon as practicable based on the circumstances. If the employee is unable to call in personally, a spouse, family member, or other responsible adult may provide notice on the employee's behalf. Employees should provide notice to their supervisor and the Office of Human Resources that the need for leave is due to a E-PSL or E-FMLA leave covered reason as soon as practicable.

Leave Available Only for Reasons #1-6 and During COVID-19 Pandemic

E-PSL and E-FMLA may be taken only between April 1, 2020 and December 31, 2020. Unused E-PSL and E-FMLA leave are not paid out for any reason and will be forfeited on January 1, 2020 or upon termination.

Under this policy, leave is available only if the employee cannot work for one of the reasons set forth at #1-6 above. Leave is not available under this policy if the employee is unable to work for any reason other than one of the six reasons set forth above, including but not limited to, when the University does not have work for the employee or is closed due to COVID-19 precautions.

Documentation in Support of Need for Leave

Employees must provide the Office of Human Resources with information to support the need for E-PSL or E-FMLA leave that includes all of the following (as applicable):

- Name of employee requesting leave;
- Date(s) for which leave is requested;
- A statement that the employee is unable to work (including work remotely) during the requested leave date(s) because of one the reasons for E-PSL or E-FMLA leave listed above (identifying which reason); and
- For E-PSL Reason #1:
 - The name of the government entity that issued the quarantine or isolation order
- For E-PSL Reason #2:
 - The name of the health care provider who advised the employee to self-quarantine.
- For E-PSL Reason #4:
 - The name of the individual being cared for by the employee and the individual's relation to the employee; and
 - Either the name of the government entity that issued the quarantine or isolation order application to the individual being cared for or the name of the health care provider who advised the person being cared for to self-quarantine.
- For E-PSL Reason #5 or E-FMLA leave:
 - The name of the son or daughter being cared for;
 - The name of the school, place of care, or child care provider that has closed or become unavailable;
 - A representation that no other suitable person will be caring for the son or daughter during the period of leave taken by the employee; and
 - If the son or daughter is older than age fourteen and must be cared for during daylight hours, include a statement that special

circumstances exist requiring the employee to provide care.

Please use the E-PSL/E-FMLA Leave Request/Certification Form below. If you provide verbal notice of the need for leave initially, please submit a completed form as soon as practicable thereafter (generally within 7 days). Additional material may be required based on the circumstances. Designation of leave as E-PSL or E-FMLA may be delayed or denied if the required information is not provided.

For leave taken under the FMLA for an employee's own serious health condition related to COVID-19 or to care for the employee's covered family member with a serious health condition related to COVID-19, the normal FMLA certification requirements still apply.

Intermittent Use of E-PSL and E-FMLA

Employees working remotely may use available E-PSL or E-FMLA intermittently. Employees working from the workplace (i.e. not able to work remotely) may take leave intermittently only when leave is taken due to Reason #5 above (i.e. to care for a son or daughter whose school or place of childcare is closed or care provider is unavailable due to COVID-19 precautions) and only in accordance with the scope of the approved intermittent use. Once an employee working from the workplace begins taking E-PSL for Reasons #1-4 or 6 above, the employee must continue to take such leave each day until the employee either uses the full amount of E-PSL or no longer has a qualifying reason for E-PSL. When intermittent leave is available under this policy, it may be used in increments of no less than 4 hours.

Job Restoration and No Retaliation

Employees who take leave under this policy will be restored to an equivalent position upon their return to work, except in limited circumstances, in accordance with the law. No employee will be discharged, disciplined or discriminated against because the employee lawfully takes E-PSL or E-FMLA leave, files a complaint, or institutes a proceeding under the FFCRA or related to such leave.

Modification and Interpretation

The University reserves the right to modify and interpret this policy at any time and for any reason, including but not limited to, ensuring compliance with applicable law.

E-PSL/E-FMLA LEAVE REQUEST FORM

To request and document the need for E-PSL or E-FMLA leave, please complete the requested information below and forward to Ashley Barnett, Senior Human Resources Generalist, Office of Human Resources, at 513-244-4861 or at ashleya.barnett@msj.edu.

Employee's name: _____

Date(s) on which employee is unable to work: _____

Select the reason the employee is unable to work on these dates:

- 1. I am subject to a government-mandated quarantine or isolation order that prevents me from working during the dates for which leave is requested. The name of the government entity that issued the quarantine or isolation order is _____.
- 2. I have been advised by a health care provider to self-quarantine based on a belief that I have or may have COVID-19 or I am particularly vulnerable to COVID-19. The name of the health care provider who advised me to self-quarantine is _____.
- 3. I am experiencing COVID-19 symptoms and seeking a medical diagnosis.
- 4. I am caring for an individual who is subject to a quarantine or isolation order or who has been advised to self-quarantine. The name of the individual is _____. The nature of my relationship with this person is _____. The government entity that issued the quarantine or isolation order is _____ (if applicable). The health care provider who advised this person to self-quarantine is _____ (if applicable).
- 5. I am caring for my son or daughter because my son or daughter's school or place of care has been closed, or the child care provider is unavailable, due to COVID-19 precautions and no other suitable person is available to care for my son or daughter. The name of my son or daughter is _____. The name of the school/place of care/child care provider is _____. If the son or daughter is older than age fourteen, explain what special circumstances require you to provide care: _____

- 6. I am experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor and this reason alone prevents me from working during the dates requested for leave.

Is the above selected reason(s) the only reason(s) the employee is unable to work on the above date(s)? Y or N. If no, please explain: _____

Does employee elect to apply available PTO to supplement E-PSL paid at 2/3 the employee's regular rate of pay or any unpaid portion E-FMLA? Y or N

EMPLOYEE CERTIFICATION

By signing below, I certify that the E-PSL/E-FMLA Leave Request Form above is accurate and complete, and I agree to provide updated information to the Office of Human Resources as soon as practicable if my circumstances change in any way impacting the accuracy or completeness of the above responses.

Signature: _____ Date: _____