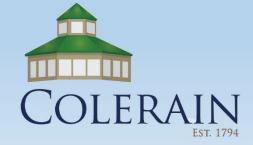
COVID-19 Employee Leave Guide

- The purpose of this document is to help employees understand the various types of leave available for use in response to COVID-19. It contains the necessary steps and documents that you may be required to produce as part of the verification process. All of these items are subject to change.
- This guide is only in effect for the duration of Township Resolution 12-20 Declaring a State of Emergency due to COVID-19
 - Covid-19 Sick Leave and Covid-19 FMLA leave is in effective through 12/31/2020



Jump to a section

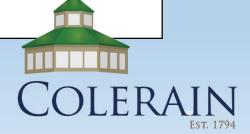
- My child's school and/or daycare is not open and I need to care for them.
- <u>I am a part time employee and my hours have been reduced or eliminated.</u>
- <u>I believe I have been exposed to COVID-19 but have zero symptoms.</u>
- I have flu like symptoms (fever over 100.4 F, chills, body aches, sore throat, runny nose, shortness of breath).
- I have been confirmed to have COVID-19.
- My doctor has advised that I quarantine myself.
- I have been advised by my doctor to self isolate.
- I have to take care of a family members who is quarantined.
- I believe I have been exposed to COVID-19 while at work.
- Because of COVID-19 or something on slides 2 or 4-9 I will miss 2+ weeks of work.
- Other Helpful COVID-19 Information

My child's school and/or daycare is not open and I need to care for them.

Next Steps:

- 1. Contact your immediate supervisor to request time off, request flex time, or request remote work opportunities.
- 2. If required, be prepared to provide documentation of closure.

- Vacation Time
- Sick Time
- of Pay w/ \$200 per day cap)
- Other Time Comp. Time
- Worker's Comp.
- FMLA

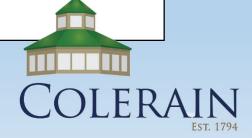


I am a part time employee and my hours have been reduced or eliminated.

Next Steps:

- 1. Unfortunately, your reduction in hours is not eligible for pay. Consult your supervisor or Department Head to see if there are other duties that you can perform to increase your hours.
- 2. Consider filing for unemployment for the lost hours.
 - 1. https://unemployment.ohio.gov/
 - http://jfs.ohio.gov/ouio/pdf/QuickTipsA ndStepByStepGuide.pdf

- **Vacation Time**
- Sick Time
- COVID-19 Sick Leave
- Other Time
- Worker's Comp.
- **FMLA**

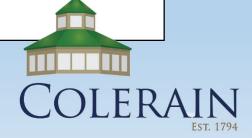


I believe I have been exposed to COVID-19 but have zero symptoms.

Next Steps:

- 1. Continue to check your temperature before and after your scheduled work shift.
- 2. Consult with your primary care physician.
 - 1. If they order you to take a COVID-19 test, follow their instructions.
- 3. Consult with Department Head on whether to self quarantine, work remotely, flex your schedule, or take time off.
- 4. If able to be tested and found to be positive for COVID-19, please go to slide 7.

- Vacation Time
- Sick Time
- COVID-19 Sick Leave
- Other Time Comp. Time
- Worker's Comp.
- FMLA

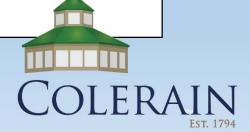


I have flu like symptoms (fever over 100.4 F, chills, body aches, sore throat, runny nose, shortness of breath).

Next Steps:

- 1. Do not report to work!
- 2. Inform your Department Head of your symptoms.
- 3. Consult with your primary care physician.
 - 1. Based on their input, you may be required to self quarantine or isolate. If so, please obtain documentation in writing and provide that to your supervisor/Department Head.
- 4. If confirmed, please go to slide 7.
- 5. If your symptoms clear up and your doctor does not issue an isolation or quarantine notice, then plan on returning to work. The CDC recommends 3 days without a fever before returning to work.

- Vacation Time
- Sick Time
 - COVID-19 Sick Leave (yes, if
- Doctor orders quarantine or isolation; cap of \$511/day)
- Comp. Time/Other Time
- Worker's Comp.
- √ FMLA

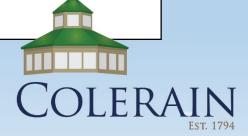


I have been confirmed to have COVID-19.

Next Steps:

- 1. Immediately inform your supervisor or Department Head.
 - 1. In the notification, please provide documentation of the test result
- 2. Self quarantine for 14 days
- 3. Note: Workers Comp has issued guidance that they will not likely cover COVID-19. That does not mean that you should not pursue a claim, just that it is not likely to be granted.
- 4. Note: Your Department may have additional restrictions for return to work.

- Vacation Time
- Sick Time
- COVID-19 Sick Leave (at 100% of Pay w/ \$511/day cap)
- Other Time Comp. Time
- Worker's Comp.
- **FMLA**

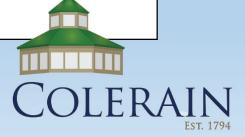


My doctor has advised that I quarantine myself.

Next Steps:

- 1. Obtain written notice from your doctor of this order.
- 2. Provide this order to your Department Head or supervisor as soon as possible.
- 3. Work with your Department Head to request time off, request flex time, or request remote work opportunities.

- Vacation Time
- Sick Time
- of Pay w/ \$511/day cap)
- Comp. Time/Other Time
- Worker's Comp.
- FMLA

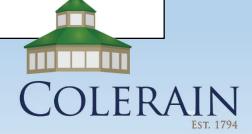


I have been advised by my doctor to self isolate.

Next Steps:

- 1. Obtain written notice from your doctor of this order.
- 2. Provide this order to your Department Head or supervisor as soon as possible.
- 3. Work with your Department Head to request time off, request flex time, or request remote work opportunities.

- Vacation Time
- Sick Time
- COVID-19 Sick Leave (at 100% of Pay w/ \$511/day cap)
- Other Time Comp. Time
- Worker's Comp.
- **P** FMLA

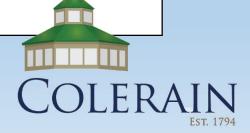


I have to take care of a family members who is quarantined.

Next Steps:

- 1. If possible, obtain written notice this order.
- 2. Provide this order to your Department Head or supervisor as soon as possible.
- 3. Work with your Department Head to request time off, request flex time, or request remote work opportunities.

- Vacation Time
- Sick Time
- OVID-19 Sick Leave (at 60% of Pay w/ \$200 per day cap)
- Other Time Comp. Time
- Worker's Comp.
- FMLA

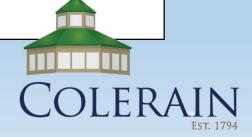


I believe I have been exposed to COVID-19 while at work.

Next Steps:

- 1. Notify your line supervisor or Department Head. They will provide guidance on next steps.
- You may file a Worker's Compensation claim by completing the First Report of Injury Form
 - 1. Be advised, that the Bureau of Worker's Compensation has issued guidance that "generally, infectious and communicable diseases like COVID-19 are not compensable claims as an "occupational disease" because people are exposed in a variety of ways, which are not greater or different in manner than the general public."

- Vacation Time
- Sick Time
- COVID-19 Sick Leave
- Comp. Time/Other Time
- Worker's Comp.
- **FMLA**



Because of COVID-19 or something on slides 2 or 4-9 I will miss 2+ weeks of work.

Next Steps:

- 1. Under this scenario, you will likely be eligible for FMLA under the Families First Act.
- 2. This FMLA leave is subject to a pay cap of \$200/day.
- 3. Your pay rate under this special FMLA is %rd of your regular pay.
- 4. This also counts against your annual allotment of FMLA days. FMLA protects you for up to 12 weeks per year, on a rolling basis starting with the first day of FMLA leave (Military leave is 26 weeks).
- 5. Please note: You do not have to request this leave and are entitled to take regular paid leave. However, if you take this additional benefit, it will be subject to the pay cap.

Leave available for use under this scenario:



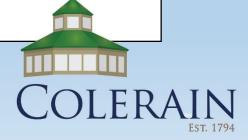
Sick Time

of Pay with \$200 daily cap)

Other Time Comp. Time

Worker's Comp.

FMLA



Other Helpful COVID-19 Information

- FMLA FMLA related to COVID-19 paperwork will not be initiated or come into effect until after you have missed an initial two weeks of work.
- Anthem Information on testing <u>www.anthem.com/coronavirus</u>
- Telehealth www.livehealthonline.com
- Symptoms may include:
 - Fever of 100.4 degrees or higher
 - Sore Throat
 - Cough
 - Difficulty Breathing
 - Muscle Aches/Headaches
 - Abdominal discomfort, vomiting, diarrhea
 - Assess yourself by visiting: https://www.cdc.gov/coronavirus
- When in doubt contact HR or your Department Head for clarification.

