

LAMPASAS COUNTY PERSONNEL POLICIES

SECTION 7. LEAVES AND ABSENCES

7.6 FAMILY AND MEDICAL LEAVE

ELIGIBILITY

TO BE ELIGIBLE FOR BENEFITS UNDER THIS POLICY, AN EMPLOYEE MUST:

- A. HAVE WORKED FOR LAMPASAS COUNTY FOR AT LEAST 12 MONTHS, AND
- B. HAVE WORKED DURING THAT TIME FOR AT LEAST 1250 HOURS

QUALIFYING EVENTS

FAMILY OR MEDICAL LEAVE UNDER THIS POLICY MAY BE TAKEN FOR THE FOLLOWING SITUATIONS:

- A. FOR INCAPACITY DUE TO PREGNANCY, PRENATAL MEDICAL CARE OR CHILD BIRTH;
- B. TO CARE FOR THE EMPLOYEE'S CHILD FOLLOWING BIRTH, OR PLACEMENT FOR ADOPTION OR FOSTER CARE;
- C. TO CARE FOR THE EMPLOYEE'S SPOUSE, CHILD OR PARENT WHO HAS A SERIOUS HEALTH CONDITION; OR
- D. A SERIOUS HEALTH CONDITION THAT MAKES THE EMPLOYEE UNABLE TO PERFORM THE EMPLOYEE'S JOB.

MILITARY FAMILY LEAVE UNDER THIS POLICY MAY BE TAKEN FOR ELIGIBLE EMPLOYEES WHOSE SPOUSE, SON, DAUGHTER, NEXT OF KIN OR PARENT ON ACTIVE DUTY OR CALL TO ACTIVE DUTY STATUS IN THE ARMED FORCES (REGULAR, NATIONAL GUARD, RESERVES, RETIRED) FOR EXIGENCY, INCLUDING ALL ACTIVE DUTY SERVICE MEMBERS WHO ARE DEPLOYED TO A FOREIGN COUNTRY.

MILITARY FAMILY LEAVE SITUATIONS/QUALIFYING EXIGENCIES ARE NON MEDICAL ACTIVITIES THAT RELATE DIRECTLY TO THE COVERED MILITARY MEMBER'S ACTIVE DUTY OR CALL TO ACTIVE DUTY STATUS AND INCLUDE:

- A. ATTENDING CERTAIN MILITARY EVENTS,
- B. ARRANGING FOR ALTERNATIVE CHILDCARE,
- C. ADDRESSING CERTAIN FINANCIAL AND LEGAL ARRANGEMENTS,
- D. ATTENDING CERTAIN COUNSELING SESSIONS,
- E. REST AND RECUPERATION OF MILITARY MEMBER.
- F. ATTENDING POST-DEPLOYMENT REINTEGRATION BRIEFINGS.

SERIOUS HEALTH CONDITION

A SERIOUS HEALTH CONDITION IS A CONDITION IS A PHYSICAL OR MENTAL CONDITION, PREGNANCY OR PRENATAL CARE, CHRONIC, SERIOUS HEALTH CONDITION OR MULTIPLE MEDICAL TREATMENTS. A FAMILY MEDICAL LEAVE IS AVAILABLE FOR THE BIRTH, ADOPTION OR FOSTER CARE PLACEMENT OF A CHILD OR TO CARE FOR A NEWBORN CHILD, TO CARE FOR AN IMMEDIATE FAMILY MEMBER WITH A SERIOUS HEALTH CONDITION,

A SERIOUS HEALTH CONDITION IS ONE THAT LASTS FOR MORE THAN 3 FULL CONSECUTIVE DAYS AND INVOLVES 2 VISITS TO A HEALTH CARE PROVIDER WHICH MUST OCCUR WITHIN THE FIRST 30 DAYS OF THE PERIOD OF INCAPACITY OR 1 VISIT TO A HEALTH CARE PROVIDER WHICH MUST OCCUR WITHIN 7 DAYS OF THE PERIOD OF INCAPACITY AND A REGIMEN OF CONTINUING TREATMENT. (See Procedures for further detail and explanation).

THE FAMILY MEDICAL LEAVE POLICY COVERS ILLNESSES OF A SERIOUS AND LONG-TERM NATURE, RESULTING IN RECURRING OR LENGTHY ABSENCES. (See Procedures for further detail and explanation).

Revisions: 1-2010

LAMPASAS COUNTY PERSONNEL POLICIES

FAMILY AND MEDICAL LEAVE (Continued)

MILITARY FAMILY LEAVE INCLUDES THOSE UNDERGOING TREATMENT, RECUPERATION, OR THERAPY THAT WAS INCURRED IN THE LINE OF DUTY WHILE ON ACTIVE DUTY IN THE ARMED FORCES (OR EXISTED BEFORE THE BEGINNING OF THE MEMBER'S ACTIVE DUTY SERVICE AND WAS AGGRAVATED BY SERVICE IN THE LINE OF DUTY WHILE ON ACTIVE DUTY IN THE ARMED FORCES).

LEAVE AMOUNT

A FAMILY MEDICAL LEAVE UP TO 12 WEEKS IN A CONTIGUOUS 12 MONTH PERIOD MAY BE TAKEN UNDER THIS POLICY.

IF A HUSBAND AND WIFE BOTH WORK FOR THE COUNTY, THE MAXIMUM COMBINED FAMILY MEDICAL LEAVE THEY SHALL BE ALLOWED TO TAKE IN ANY 12 MONTH PERIOD FOR THE BIRTH OR PLACEMENT OF A CHILD IS 12 WEEKS.

MILITARY FAMILY LEAVE MAY BE TAKEN UP TO 26 WEEKS OF LEAVE TO CARE FOR A COVERED SERVICE MEMBER DURING A SINGLE 12- MONTH PERIOD. FOR CERTAIN RELATED EXIGENCIES A LEAVE UP TO 12 MONTHS MAY BE REQUESTED.

PAID AND UNPAID LEAVE

IF AN EMPLOYEE HAS ACCRUED PERSONAL LEAVE, THE EMPLOYEE WILL USE THIS TIME. AN EMPLOYEE ELIGIBLE FOR THE USE OF THE SICK LEAVE POOL OR WHO IS COVERED BY A DISABILITY PAY BY A COVERED BENEFIT PLAN WILL BE PAID THIS TIME. THE USE OF VACATION AND COMPENSATORY TIME MAY BE USED IF REQUESTED BY THE EMPLOYEE. THE REMAINDER OF THE UP TO 12 WEEK LEAVE WILL BE UNPAID. (See Sick Leave Pool Policy – Procedures).

THIS LEAVE MAY BE USED BY AN EMPLOYEE WHO HAS A MEDICALLY NECESSARY NEED TO USE INTERMITTENT OR REDUCED SCHEDULE LEAVE. EMPLOYEES MUST MAKE REASONABLE EFFORTS TO SCHEDULE LEAVE FOR PLANNED MEDICAL TREATMENT SO AS TO NOT UNDULY DISRUPT THE COUNTY'S OPERATIONS. LEAVE DUE TO QUALIFYING EXIGENCIES UNDER THE MILITARY FAMILY LEAVE MAY ALSO BE TAKEN ON AN INTERMITTENT BASIS. SUCH LEAVE REQUESTS ARE SUBJECT TO DOCUMENTATION AND APPROVALS.

INTERMITTENT LEAVE AND REDUCED SCHEDULE

THIS LEAVE MAY BE USED BY AN EMPLOYEE WHO HAS A MEDICALLY NECESSARY NEED TO USE INTERMITTENT OR REDUCED SCHEDULE LEAVE. EMPLOYEES MUST MAKE REASONABLE EFFORTS TO SCHEDULE LEAVE FOR PLANNED MEDICAL TREATMENT SO AS TO NOT UNDULY DISRUPT THE COUNTY'S OPERATIONS. LEAVE DUE TO QUALIFYING EXIGENCIES UNDER THE MILITARY FAMILY LEAVE MAY ALSO BE TAKEN ON AN INTERMITTENT BASIS. SUCH LEAVE REQUESTS ARE SUBJECT TO DOCUMENTATION AND APPROVALS.

PHYSICIANS STATEMENT

THE EMPLOYEE MUST PROVIDE SUFFICIENT INFORMATION SO THAT THE COUNTY IS ABLE TO DETERMINE IF THE LEAVE MAY QUALIFY FOR FMLA/MFLA PROTECTION, THE ANTICIPATED TIMING AND DURATION OF THE LEAVE. THE COMPLETE AND SUFFICIENT MEDICAL CERTIFICATION WILL BE SUBMITTED TO THE HUMAN RESOURCES DIRECTOR WITHIN 15 DAYS (EXTENSION MAY BE APPROVED IF DILIGENT EFFORTS HAVE BEEN MADE).

THE HUMAN RESOURCES DEPARTMENT WILL PROVIDE A FORM FOR THE PHYSICIAN STATEMENT. THE STATEMENT WILL INCLUDE INFORMATION THAT THE EMPLOYEE IS UNABLE TO PERFORM JOB FUNCTIONS, THAT THE FAMILY MEMBER IS UNABLE TO PERFORM DAILY ACTIVITIES, THE NEED FOR HOSPITALIZATION OR CONTINUING TREATMENT BY A HEALTH CARE PROVIDER, OR CIRCUMSTANCES SUPPORTING THE NEED FOR FAMILY LEAVE.

LAMPASAS COUNTY PERSONNEL POLICIES

FAMILY AND MEDICAL LEAVE (Continued)

REQUESTING LEAVE

AN EMPLOYEE SHALL SUBMIT IN WRITING A REQUEST FOR LEAVE UNDER THIS POLICY TO HIS/HER IMMEDIATE SUPERVISOR 30 DAYS IN ADVANCE OF A FORESEEABLE LEAVE.

IF 30 DAYS NOTICE IS NOT POSSIBLE, THE EMPLOYEE MUST PROVIDE NOTICE AS SOON AS PRACTICABLE TO THE IMMEDIATE SUPERVISOR. IN THE EVENT THE EMPLOYEE IS UNABLE TO PROVIDE NOTICE DUE TO THE MEDICAL SITUATION, HIS/HER AGENT WILL PROVIDE NOTICE.

THE EMPLOYEE WILL PROVIDE SUFFICIENT INFORMATION FOR THE COUNTY TO REASONABLY DETERMINE WHETHER THE FMLA/MFLA MAY APPLY TO THE LEAVE REQUEST. CALLING IN "SICK" IS INSUFFICIENT NOTICE. REQUEST FORMS ARE AVAILABLE FROM THE HUMAN RESOURCES OFFICE.

HUMAN RESOURCES WILL VERIFY THE LEAVE ELIGIBILITY, OBTAIN DOCUMENTATION, MONITOR, AND REVIEW FOR ADHERENCE TO COUNTY POLICIES. THE HUMAN RESOURCES DIRECTOR WILL NOTIFY THE SICK LEAVE POOL COMMITTEE OF QUALIFIED REQUESTS FOR USE OF POOL HOURS. (see Sick Leave Pool Policy – Procedures)

IF AN EMPLOYEE REQUESTS A LEAVE FOR A PREVIOUSLY APPROVED FMLA/MFLA LEAVE, THE EMPLOYEE WILL REFERENCE THE QUALIFYING REASON FOR THE LEAVE OR THE NEED FOR AN "FMLA LEAVE". EMPLOYEES MUST INFORM THE EMPLOYER IF THE REQUESTED LEAVE IS FOR A REASON WHICH FMLA/MFLA LEAVE WAS PREVIOUSLY TAKEN OR CERTIFIED.

EMPLOYEES ALSO MAY BE REQUIRED TO PROVIDE A CERTIFICATION AND PERIODIC RE-CERTIFICATION SUPPORTING THE NEED FOR A LEAVE.

ANY ABSENCES DURING A DELAY BY THE EMPLOYEE TO GIVE NOTICE ARE CONSIDERED NON-FMLA ABSENCES. THE COUNTY'S REGULAR ATTENDANCE POLICY APPLIES. (see section 7.1 Leave of Absence for information and Procedures for further detail and forms)

DESIGNATION NOTICE

THE HUMAN RESOURCES DIRECTOR WILL NOTIFY IN WRITING THE EMPLOYEE WHETHER HE/SHE IS ELIGIBLE TO BE PLACED ON A FAMILY MEDICAL LEAVE OF ABSENCE OR MILITARY FAMILY LEAVE WITHIN FIVE BUSINESS DAYS AFTER THE COUNTY DETERMINES IF THE LEAVE IS FMLA QUALIFYING. DURING THAT SAME FMLA LEAVE YEAR, A NEW NOTICE IS REQUIRED ONLY IF THE EMPLOYEE'S ELIGIBILITY STATUS CHANGES.

IF THE EMPLOYEE IS NOT ELIGIBLE, THE HUMAN RESOURCES DIRECTOR WILL PROVIDE WRITTEN NOTICE OF THE REASON(S) FOR LEAVE INELIGIBILITY WITHIN FIVE BUSINESS DAYS OF THE REQUEST.

REINSTATEMENT

A FITNESS FOR DUTY CERTIFICATION IS REQUIRED TO RELEASE THE EMPLOYEE/FAMILY MEMBER TO RETURN TO WORK FROM A MEDICAL LEAVE. THE CERTIFICATION WILL BE COMPLETED BY A HEALTH CARE PROVIDER TO ASSESS THE ABILITY TO PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB. AN EMPLOYEE IS PROVIDED UP TO 15 DAYS TO PROVIDE SUCH CERTIFICATION.

A FITNESS FOR DUTY CERTIFICATION MAY BE REQUIRED FOR EACH CONTINUOUS LEAVE UPON THE EMPLOYEE'S RETURN TO WORK OR, IN THE CASE OF INTERMITTENT OR REDUCED SCHEDULE LEAVE, EVERY 30 DAYS IF REASONABLE SAFETY CONCERNS EXIST (A SIGNIFICANT HARM TO THE EMPLOYEE OR OTHERS).

LAMPASAS COUNTY PERSONNEL POLICIES

FAMILY AND MEDICAL LEAVE (Continued)

UPON RETURN FROM THE FMLA/MFLA LEAVE, EMPLOYEES WILL BE RESTORED TO THE ORIGINAL OR EQUIVALENT POSITIONS WITH PAY, BENEFITS AND OTHER EMPLOYMENT TERMS.

IN ACCORDANCE WITH THE UNIFORMED SERVICES EMPLOYMENT AND REEMPLOYMENT ACT (USERRA) AN EMPLOYEE REEMPLOYED UNDER ITS PROVISIONS WILL BE GIVEN CREDIT FOR ANY MONTHS AND HOURS OF SERVICE S/HE WOULD HAVE BEEN EMPLOYED BUT FOR THE MILITARY SERVICE IN DETERMINING ELIGIBILITY FOR FAMILY MEDICAL LEAVE ACT LEAVE.

ABANDONMENT OF POSITION

AN EMPLOYEE WHO FAILS TO RETURN TO WORK AFTER THE MAXIMUM FMLA LEAVE DESCRIBED IN THIS POLICY EXPIRES WILL BE AUTOMATICALLY SEPARATED FROM EMPLOYMENT UNLESS THE EMPLOYEE'S MEDICAL CONDITION QUALIFIES UNDER THE AMERICANS WITH DISABILITIES ACT (ADA) AND AN EXTENSION OF LEAVE IS REQUIRED AS AN ACCOMMODATION.

BENEFITS

AN EMPLOYEE IN AN APPROVED LEAVE OF ABSENCE MAY CONTINUE IN THOSE BENEFIT PLANS IN WHICH THEY ARE ALREADY A PARTICIPANT. THE COUNTY WILL PAY ITS USUAL CONTRIBUTION AS LONG AS THE EMPLOYEE IS ON A PAID LEAVE FOR A PAY PERIOD. FOR THOSE ADDITIONAL EMPLOYEE PAID BENEFITS TO CONTINUE, THE EMPLOYEE WILL PAY HIS/HER SHARE OF THE CONTRIBUTION OR PREMIUM ON THE SAME SCHEDULE AS CUSTOMARY.

PAYMENT FOR COVERAGE SHALL BE MADE THROUGH REGULAR PAYROLL DEDUCTION WHILE THE EMPLOYEE IS ON LEAVE WITH PAY.

OTHER BENEFITS

WHILE ON AN APPROVED LEAVE OF ABSENCE, AN EMPLOYEE SHALL NOT EARN BENEFIT HOURS, INCLUDING VACATION, PERSONAL LEAVE, BE ELIGIBLE FOR HOLIDAYS PAY OR EARN OTHER BENEFITS AFFORDED TO EMPLOYEES ACTIVELY AT WORK, EXCEPT FOR THOSE STATED IN THIS POLICY.

RIGHTS AND RESPONSIBILITIES NOTICE

LAMPASAS COUNTY WILL COMPLY WITH THE FAMILY AND MEDICAL LEAVE ACT IMPLEMENTING REGULATIONS AS REVISED EFFECTIVE JANUARY 16 AND OCTOBER 2009. LAMPASAS COUNTY POSTS THE MANDATORY FMLA NOTICE REQUIRED BY THE U.S. DEPARTMENT OF LABOR (DOL) ON EMPLOYEE RIGHTS AND RESPONSIBILITIES UNDER THE FAMILY LEAVE ACT ON THE 1ST FLOOR ANNEX BUILDING BULLETIN BOARD AS WELL AS OTHER LABOR LAW POSTERS LOCATED IN EACH SEPARATE COUNTY BUILDING AND UPON HIRE, PROVIDES ALL NEW EMPLOYEES WITH SAID NOTICE. LAMPASAS COUNTY ALSO POSTS THE DOL SUPPLEMENTARY INFORMATION CONCERNING MILITARY FAMILY LEAVE AT THE SAME LOCATIONS.

THE FUNCTION OF THIS POLICY IS TO PROVIDE EMPLOYEES WITH A GENERAL DESCRIPTION OF THEIR FMLA RIGHTS. IN THE EVENT OF ANY CONFLICT BETWEEN THIS POLICY AND THE APPLICABLE LAW, EMPLOYEES WILL BE AFFORDED ALL RIGHTS REQUIRED BY LAW.

IF THERE ARE ANY QUESTIONS, CONCERNS OR DISPUTES WITH THIS POLICY, CONTACT THE LAMPASAS COUNTY HUMAN RESOURCES DIRECTOR AT 409 PECAN ST., AUDITOR'S OFFICE, LAMPASAS, TX 76550 IN WRITING.

LAMPASAS COUNTY PERSONNEL POLICIES

SECTION 7. LEAVES AND ABSENCES

FAMILIES FIRST CORONAVIRUS RESPONSE ACT FFCRA 7.6.5

EMERGENCY FAMILY AND MEDICAL LEAVE EXPANSION ACT EFMLEA

SIGNED INTO LAW MARCH 18, 2020

- EMERGENCY PAID SICK LEAVE ACT (EPSLA)
- EMERGENCY FAMILY AND MEDICAL LEAVE EXPANSION ACT (EFMLEA)

EFFECTIVE APRIL 1, 2020

EXPIRES DECEMBER 31, 2020

ENFORCED BY THE U.S. DEPARTMENT OF LABOR WAGE AND HOUR DIVISION (WHD)

ELIGIBILITY

TO BE ELIGIBLE FOR BENEFITS UNDER THIS POLICY, AN EMPLOYEE MUST:

- A. HAVE WORKED FOR LAMPASAS COUNTY FOR 30 DAYS
 - i. SEE EXEMPTIONS LISTED IN SECTION LABELED *EXEMPTIONS OF EMERGENCY RESPONDERS*

QUALIFYING EVENTS

FAMILY OR MEDICAL LEAVE UNDER THIS POLICY MAY BE TAKEN FOR THE FOLLOWING SITUATIONS:

- A. IS UNABLE TO WORK DUE TO A BONA FIDE NEED FOR LEAVE TO CARE FOR A CHILD WHOSE SCHOOL OR CHILD CARE PROVIDER IS CLOSED OR UNAVAILABLE FOR REASONS RELATED TO COVID-19.

BENEFITS BASICS

- A. EMPLOYEE CAN USE EFMLEA LEAVE TO CARE FOR HIS OR HER SON OR DAUGHTER WHOSE SCHOOL OR PLACE OF CARE IS CLOSED (OR CHILD CARE PROVIDER IS UNAVAILABLE) DUE TO COVID-19 RELATED REASONS
- B. UP TO 12 WEEKS OF JOB PROTECTED LEAVE, WITH CONTINUATION OF HEALTH INSURANCE
- C. INITIAL 2 WEEKS UNPAID. EMPLOYEE MAY USE ANY ACCRUED LEAVE (PERSONAL OR VACATION) THEY HAVE AVAILABLE DURING THIS 2 WEEK PERIOD. EMPLOYEE MAY ALSO USE EMERGENCY PAID SICK LEAVE ACT, IF APPLICABLE, FOR THESE 2 WEEKS. (SEE EXPLANATION OF EPSLA BELOW.)
- D. EMPLOYER DOES NOT HAVE TO PAY MORE THAN \$200 A DAY OR \$10,000 TOTAL UNDER EFMLEA
- E. REMAINING 10 WEEKS PAID AT TWO-THIRDS THE EMPLOYEE'S REGULAR RATE. EMPLOYEE WILL USE ANY ACCRUED LEAVE AVAILABLE TO MAKE UP THE ONE-THIRD OF THEIR SALARY.
- F. THIS IS A NEW LEAVE REASON UNDER FMLA, NOT MORE WEEKS. EMPLOYEES MAY ONLY TAKE UP TO 12 WEEKS OF FMLA/EFMLEA LEAVE PER CALENDER YEAR.
- G. THIS LEAVE IS AVAILABLE EFFECTIVE APRIL 1, 2020 – DECEMBER 31, 2020 AS STATED IN H.R. 6201 (PASSED INTO LAW MARCH 18, 2020). ANY SITUATIONS NOT COVERED UNDER THIS POLICY WILL BE REFERRED TO THE FFCRA.

LAMPASAS COUNTY PERSONNEL POLICIES

THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT (CONTINUED)

EMERGENCY PAID SICK LEAVE ACT EPSLA

ELIGIBILITY

TO BE ELIGIBLE FOR BENEFITS UNDER THIS POLICY AN EMPLOYEE MUST:

- B. BE AN ACTIVE EMPLOYEE OF LAMPASAS COUNTY. NO LENGTH OF QUALIFYING TIME IS NECESSARY.
 - i. SEE EXEMPTIONS LISTED IN SECTION LABELED *EXEMPTIONS OF EMERGENCY RESPONDERS*

QUALIFYING EVENTS

AN EMPLOYEE IS ENTITLED TO TAKE LEAVE UNDER THE EPSLA IF THE EMPLOYEE IS UNABLE TO WORK OR TELEWORK BECAUSE THE EMPLOYEE:

1. EMPLOYEE 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 DUE TO CONCERNS RELATED TO COVID-19
3. IS EXPERIENCING COVID-19 SYMPTOMS AND SEEKING A MEDICAL DIAGNOSIS
4. IS CARING FOR AN INDIVIDUAL SUBJECT TO A FEDERAL, STATE, OR LOCAL QUARANTINE OR ISOLATION ORDER RELATED TO COVID-19, OR HAS BEEN ADVISED BY A HEALTH CARE PROVIDER TO SELF QUARANTINE DUE TO CONCERNS RELATED TO COVID-19
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 PRECAUTIONS
6. IS EXPERIENCING ANY OTHER SUBSTANTIALLY-SIMILAR CONDITION SPECIFIED BY THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

DURATION OF LEAVE

TWO WEEK PERIOD:

- A. FULL-TIME EMPLOYEES MAY USE UP TO 80 HOURS
- B. PART-TIME EMPLOYEES MAY USE A NUMBER OF HOURS EQUAL TO THE NUMBER OF HOURS THEY WORK, ON AVERAGE, OVER A 2-WEEK PERIOD.

BENEFITS BASICS

- A. EMPLOYEE IS DUE 100% THE REQUIRED RATE OF PAY FOR LEAVE HOURS TAKEN BECAUSE THE EMPLOYEE:
 - i. IS SUBJECT TO A FEDERAL, STATE, OR LOCAL QUARANTINE OR ISOLATION ORDER RELATED TO COVID-19
 - ii. HAS BEEN ADVISED BY A HEALTH CARE PROVIDER TO SELF-QUARANTINE RELATED TO COVID-19

LAMPASAS COUNTY PERSONNEL POLICIES

THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT (CONTINUED)

- iii. IS EXPERIENCING COVID-19 SYMPTOMS AND IS SEEKING A MEDICAL DIAGNOSIS
 1. TOTAL PAY CAPPED AT \$511 PER DAY OR \$5,110 IN TOTAL
- B. EMPLOYEE IS DUE TWO-THIRDS OF THE REQUIRED RATE OF PAY FOR LEAVE HOURS TAKEN BECAUSE THE EMPLOYEE
 - i. IS CARING FOR AN INDIVIDUAL SUBJECT TO A FEDERAL, STATE, OR LOCAL QUARANTINE OR ISOLATION ORDER RELATED TO COVID-19
 - ii. 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
 - iii. IS EXPERIENCING ANY OTHER SUBSTANTIALLY-SIMILAR CONDITION SPECIFIED BY THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
 1. TOTAL PAY CAPPED AT \$200 PER DAY OR \$2000 IN TOTAL
- C. THIS LEAVE IS AVAILABLE EFFECTIVE APRIL 1, 2020 – DECEMBER 31, 2020 AS STATED IN H.R. 6201 (PASSED INTO LAW MARCH 18, 2020). ANY SITUATIONS NOT COVERED UNDER THIS POLICY WILL BE REFERRED TO THE FFCRA.

EXEMPTIONS/EXCLUSIONS OF EMERGENCY RESPONDERS

DEFINITION OF FIRST RESPONDER UNDER FFCRA

EMERGENCY RESPONDER IS ANY ONE NECESSARY FOR TRANSPORT, CARE, HEALTHCARE, COMFORT AND NUTRITION OF SUCH PATIENTS OR OTHERS NEEDED FOR THE RESPONSE TO COVID-19.

INCLUDES MILITARY OR NATIONAL GUARD, **LAW ENFORCEMENT OFFICERS, CORRECTIONAL INSTITUTION PERSONNEL, FIRE FIGHTERS, EMERGENCY MEDICAL SERVICES PERSONNEL, PHYSICIANS, NURSES, PUBLIC HEALTH PERSONNEL, EMERGENCY MEDICAL TECHNICIANS, PARAMEDICS, EMERGENCY MANAGEMENT PERSONNEL, 911 OPERATORS, PUBLIC WORKS 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.**

LAMPASAS COUNTY HAS IDENTIFIED FOR PURPOSES OF EXEMPTION, **ALL FIRST RESPONDER EMPLOYEES FROM LAMPASAS COUNTY SHERIFF OFFICE, EXCLUDING ADMINISTRATION SUPPORT STAFF, THE EMERGENCY MANAGEMENT COORDINATOR, AND ALL ROAD AND BRIDGE PRECINCT WORKERS. THESE EMPLOYEES WILL BE EXCLUDED FROM LEAVE GRANTED UNDER THE EMERGENCY FAMILY AND MEDICAL LEAVE EXPANSION ACT (EFMLEA). THESE EMPLOYEES WILL ALSO BE EXCLUDED FROM LEAVE UNDER THE EMERGENCY PAID SICK LEAVE ACT (EPSLA) UNDER REASONS:**

1. EMPLOYEE IS SUBJECT TO A FEDERAL, STATE, OR LOCAL QUARANTINE OR ISOLATION ORDER RELATED TO COVID-19
4. IS CARING FOR AN INDIVIDUAL SUBJECT TO A FEDERAL, STATE, OR LOCAL QUARANTINE OR ISOLATION ORDER RELATED TO COVID-19, OR HAS BEEN ADVISED BY A HEALTH CARE PROVIDER TO SELF QUARANTINE DUE TO CONCERNS RELATED TO COVID-19
5. IS CARING FOR HIS OR HER CHILD WHO'S SCHOOL OR PLACE OF CARE IS CLOSED (OR CHILD CARE PROVIDER IS UNAVAILABLE) DUE TO COVID-19 PRECAUTIONS
6. IS EXPERIENCING ANY OTHER SUBSTANTIALLY-SIMILAR CONDITION SPECIFIED BY THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

LAMPASAS COUNTY PERSONNEL POLICIES

THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT (CONTINUED)

EMPLOYEE LAYOFFS

FFCRA REQUIREMENTS ARE NOT APPLICABLE PRIOR TO APRIL 1, 2020
IF A BUSINESS CLOSES AFTER APRIL 1, 2020, BUT BEFORE AN EMPLOYEE TAKES LEAVE, FFCRA REQUIREMENTS DO NOT APPLY EXCEPT FOR THE DAYS FROM APRIL 1, 2020 TO THE DATE EMPLOYEES ARE LAID OFF
IF A BUSINESS IS OPEN BUT LAYS OFF PART OF ITS WORKFORCE, EMPLOYEES WHO ARE LAID OFF OR FURLOUGHED ARE NOT ENTITLED TO LEAVE UNDER THE FFCRA