



4.11 Families First Coronavirus Response Act (FFCRA)

Effective Date: May 1, 2020

Sunset Date: ~~December 31, 2020~~ June 30, 2021

Revision Date: March 9, 2021 *Not applicable*

On March 11, 2020, the World Health Organization declared COVID-19 a global pandemic, and the CDC has defined COVID-19 as a public health emergency. In response to this global crisis, the County has adopted and expanded on benefits granted through the Families First Coronavirus Response Act.

Although the FFCRA has expired, the County has decided to continue to the benefit through June 30, 2021.

The Families First Coronavirus Response Act (FFCRA) provides additional paid sick leave and an expanded Family Medical Leave Act (FMLA) benefit in addition to that already afforded employees under County sick time and FMLA policies. The FFCRA provides these benefits to certain employees who are unable to work as a result of COVID-19. The law also allows municipal employers to exclude many employees who provide emergency response and essential services and infrastructure to the community as well as the employees who are vital to the support of those essential functions.

The current situation in Illinois is evolving and the services and personnel necessary to provide essential and emergency services will change. The County reserves the right to reassess its workforce and designate any personnel as emergency responders as circumstances require.

Although the County has identified emergency responder positions that are excluded from the FFCRA, the County will extend similar benefits to those employees under the County's COVID-19 Plus Benefit which is included in this Policy.

Family and Medical Leave Expansion Act (FMLEA)

The FMLEA provides 12 weeks of leave to employees who have been employed by Lake County for 30 days to care for a child for reasons related to the COVID pandemic.

The Family and Medical Leave Expansion Act provides that an eligible employee who has been employed by Lake County for thirty (30) calendar days who is unable to work or telework may request and receive a leave of absence for up to twelve (12) weeks to care for a son or daughter under age 18 due to a public health emergency which has resulted in the closure of an elementary or secondary school or the child care facility that had been providing services for a fee to the employee's child on a regular basis prior to the declaration of a public health emergency on January 31, 2020.

In order to qualify for this leave, the employee must:

1. Have worked for Lake County for thirty (30) calendar days at the time of the request.



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2. Not be identified by Lake County as an emergency responder or exempt health care provider.
 - i. Who is an emergency responder?

For the purposes of this guidance, employees who may be excluded from paid sick leave or expanded family and medical leave by their employer under the FFCRA, 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 law enforcement officers, correctional institution personnel, emergency medical services personnel, physicians, nurses, public health personnel, emergency medical technicians, 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. This also includes any individual that the highest official of the state determines is an emergency responder necessary for that state's response to COVID-19.
3. Be unable to work for the reason outlined above.
4. Complete an application form through FMLASource verifying that the employee is unable to work and meets other applicable requirements. The application must be fully completed, verified by the employee and supported by the requested documentation.

The amount of time available to an employee will depend on how much family medical leave, if any, an employee has used for all family medical leave purposes during the current rolling twelve (12) month period. (For example, if an employee previously used two weeks of leave for his or her own serious illness in January, the employee would have ten (10) -weeks of leave still available for the care of a child due to a school or day care closure.)

Once the application is completed and supporting documentation provided, Lake County will evaluate and discuss with the employee any alternate options or suggestions for enabling the employee to continue to perform work, work from home or telework in the same, or alternate or flexible schedules.

Note: To the extent you are able to work from home, telework or work a flexible or alternate schedule while caring for your child or a spouse or partner is available to care for the child, you may not be considered unable to work during those days/hours and expanded family and medical leave may not be available.

The first two (2) weeks of expanded FML leave under the FMLEA are generally unpaid. However, the employee may choose to substitute emergency paid sick leave under the new

EPSLA (at two-thirds pay – see below) or the employee may substitute other applicable accrued benefit time, including sick time, for such an absence to receive one hundred percent pay.



After the first two (2) weeks of expanded FML under the FMLEA, if an employee remains unable to work, an employee is eligible for paid time off at the rate of two-thirds (2/3) of the employee's regular rate of pay for the number of hours the employee would normally be scheduled to work not to exceed \$200 dollars per day and \$10,000 in total for all FMLEA time.

Emergency Paid Sick Leave Act (EPSLA)

The Emergency Paid Sick Leave Act (EPSLA) provides that an eligible employee who is unable to work or telework may request and receive up to eighty (80) hours of emergency paid sick leave [in a rolling 12 month period](#).

In order to qualify for paid emergency sick leave, the employee must:

1. Work for Lake County at the time of the request.
2. Not be identified as an emergency responder or exempt health care provider.
3. Be unable to work for the following reasons:
 - a. The employee is subject to a Federal, State, or local quarantine or isolation order related to COVID-19.
 - b. The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
 - c. The employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis.
 - d. The employee is caring for an individual who is subject to a Federal, State or local quarantine due to concerns related to COVID-19.
 - e. The employee is caring for a child when the school or place of care is closed, or the childcare provider is unavailable due to COVID-19 precautions; or
 - f. The employee is experiencing any other substantially similar conditions specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.
4. Complete an application form verifying that the employee is unable to work and meets other applicable requirements. The application must be fully completed, verified by the employee and supported by the requested documentation.

Once the application is completed and supporting documentation provided, Lake County will evaluate and discuss with the employee any alternate options or suggestions for enabling the employee to continue to perform work, work from home or telework in the same or alternate or flexible schedules.

Note: To the extent that an employee is able to telework when leave is for an employee's own COVID-19 related condition or telework or work when it is for the care for the COVID-19.



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related condition of others, an employee may not be “unable to work” and emergency paid leave may not be available. A COVID-19 qualifying reason must prevent the employee from working. For example, if an employee has been told to isolate but does not have any symptoms and is offered telework, the employee is not unable to work.

Sick leave benefits under the Emergency Paid Sick Leave Act are as follows:

- a. Full time employees will be paid as outlined below for up to eighty (80) hours over a two-week period
- b. Part-time employees will be paid for the average number of hours the employee worked during a two-week period.

Sick leave benefits under the Emergency Paid Sick Leave Act will be paid as follows:

The employee will be paid his or her regular rate of pay but no more than \$511 per day and \$5,110 in total for emergency sick leave under the following conditions:

- a) The employee is subject to a Federal, State, or local quarantine or isolation order related to COVID–19.
- b) The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID–19.
- c) The employee is experiencing symptoms of COVID–19 and seeking a medical diagnosis.

The employee will be paid no more than 2/3 of their regular rate of pay up to a maximum of \$200 per day and \$2000 in total for emergency sick leave under the following conditions:

- a) The employee is caring for an individual who is subject to a Federal, State or local quarantine due to concerns related to COVID–19.
- b) The employee is caring for a child when the school or place of care is closed, or the childcare provider is unavailable due to COVID-19 precautions; or
- c) The employee is experiencing any other substantially similar conditions specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.

COVID 19 Plus

Lake County has implemented the COVID-19 Plus Policy, effective April 1, 2020 through ~~June 30, 2021~~December 31, 2020. This policy is limited to employees who are not ineligible for other



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er-benefits under the FFCRA. Lake County reserves the right to reassess its workforce and assign any employee to report to work as circumstances require.¹

Benefits available under the COVID-19 Plus provision

Lake County recognizes the important and significant role our employees are playing in this public health emergency and your health and safety is a top priority. Therefore, employees as identified above are eligible to receive up to 14 days of paid sick leave based on their regular schedule and rate of pay at the time the request for benefit time is made. The paid leave must be used prior to ~~June 30, 2021~~~~December 31, 2020~~ for qualifying COVID-19 related absences (see below).

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Under the COVID-19 Plus Policy, an employee shall receive up to 14 days of pay for any of the following reasons. The employee:

1. Employees who have been directed by a provider to self-quarantine because they are a person under investigation for COVID-19.
2. Employees who have been directed by a provider to self-quarantine because they are experiencing COVID-19 related symptoms.

This leave will not carry over, be paid out, nor can it be “banked” for use beyond the expiration date of ~~June 30, 2021~~~~December 31, 2020~~. Depending on the type of leave requested, an employee’s leave shall run concurrently with an unpaid leave of absence under the Family and Medical Leave Act and the employee will also be required to complete FMLA forms.

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If all eligible paid time off is exhausted under these provisions while an employee is still out on leave, the employee will be required to use available benefit leave time. Once exhausted the employee would transition to a non-pay status.

Employees who have already received this benefit using Emergency Close Pay for the reasons noted above prior to implementation of this policy will not receive additional benefits as noted as a new pay element.

Required Documentation

Emergency Responders will be required to complete the *EGV COVID-19 Plus Affidavit* (included with this policy) and any applicable documentation under the Family and Medical Leave Act.

¹ Employees who receive 80 hours of Emergency Paid Sick Leave and whose position is later designated as an emergency responder will not be eligible for any additional benefits under this policy. Further, this leave is limited to 80 hours of paid time in total for any of the qualifying reasons



EGV COVID-19 Plus Affidavit
For Emergency Responders

Declaration

I, _____ (employee’s name) certify on this date _____
_____ that I am unable to work, including telework, and require leave pursuant to the
FFCRA for the following reason:

I am subject to a Federal, State, or local quarantine or isolation order related to
COVID-19;
Identify the Government entity issuing the order: _____

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

Identify the healthcare provider who recommended quarantine or isolation
(Supporting documentation):

I am experiencing symptoms of COVID-19 (fever, dry cough, shortness of breath,
or other symptom identified by the CDC) and seeking a medical diagnosis;

I initially sought a diagnosis on (date) _____, 2021~~0~~_____ and will need leave
until (date) _____, 2020~~20~~_____.

I am caring for an individual who is either (1) subject to a Federal, State, or local
quarantine or isolation order related to COVID-19 or (2) has been advised by a
health care provider to self-quarantine due to concerns related to COVID-19;

Identify individual and their relationship to employee: _____

Identify the basis for the need for leave _____

I am experiencing other substantially similar condition specified by Federal
authorities

Name of the condition identified by the CDC or federal authority and the
authority providing the designation _____



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Acknowledgements

I certify that the information contained in this application is true and accurate. I understand that I am submitting this information for the purposes of determining eligibility for the EVG COVID-19 Plus policy benefit. I further understand that any false or misleading statements made in order to receive benefits for which I do not qualify shall result in loss of benefit and/or disciplinary action up to and including termination of employment.

Employee Signature

Date

Human Resources Office Representative

Date