

**From:** [Barham, Becky](#)  
**To:** [All City Employees](#)  
**Subject:** Important COVID-19 Leave Information  
**Date:** Friday, March 27, 2020 2:46:51 PM  
**Attachments:** [Notice to Employees of New Federal Leave \(March 27 2020\).pdf](#)  
[image003.png](#)

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Good Afternoon,

Please see the attached information about the Federal leave policy effective April 2.  
Feel free to contact me if you have any questions regarding the policies or the forms to request leave.



**BECKY BARHAM** Human Resources Manager

Pronouns: (she/her/hers)

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**DATE:** March 27, 2020

**TO:** All City of Bloomington Employees

**FROM:** Kris Wilson, Assistant City Manager

**RE:** Entitlement to Paid Leave for Select COVID-19 Related Situations

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The federal government recently enacted legislation providing employees with a right to paid leave for work missed due to certain COVID-19 qualifying reasons. Please review carefully the attached notice which outlines the 6 qualifying reasons for this leave and other important terms and conditions. Additionally, please read the remainder of this memo for important information on how the City of Bloomington intends to implement these new leave options.

**Leave for Reasons 1, 2, 3, 4 and 6**

Full-time employees needing leave time for reasons 1-4 or 6, are eligible for up to 80 hours of paid leave without deduction from accrued leave balances. Part-time employees are eligible for an amount equal to two times their average weekly hours, as calculated over the past six months. This 80 hours, or two-weeks, of paid leave is for qualifying leaves taken April 2 through December 31, 2020. Any paid leave time related to COVID-19 that an employee has taken between March 15 and April 1 does not count against this leave provided under federal law.

Please note, while the law only requires that employees be paid 2/3 of their regular rate of pay for reasons #4 and #6, the City has opted to go above and beyond what the law requires and pay employees with these qualifying reasons their full regular rate of pay for the 80 hours, or two-weeks, of leave. Similarly, the City will not be imposing the cap that the federal law provides for on the amount of pay for reasons 1-4 and 6.

If you require more than 80 hours, or two-weeks, of time off due to reasons 1-4 or 6, you will need to use some other form of paid leave, such as accrued vacation, personal leave, comp time or paid-time-off (PTO). If you do not have other forms of paid leave accrued, any additional leave beyond the 80 hours will be unpaid.

Lastly, please be aware that the total amount of paid leave under this section of the new law is 80 hours. So, for example, if an employee uses the 80 hours of leave to care for a sick family member (reason #4) and then that employee becomes ill (reason #1 or #3), there will not be another 80 hours of paid leave, unless accrued vacation, personal leave, comp time or PTO is used.



## Leave for Reason 5

The new federal law also provides up to 12 weeks of leave for employees needing to care for their child or children due to a school or child care closure. This leave is provided through a temporary expansion of the federal Family Medical Leave Act (FMLA), and does count toward the total 12 weeks of FMLA leave for which an employee is eligible in a given year.

Unlike the regular forms of FMLA leave, which are unpaid or require the use of accrued leave time, this new, temporary form of FMLA provides for some pay to the employee if taking leave due to a school or child care closure. In such cases, the first two weeks may be counted as use of the 80 hours or two-weeks discussed above for reasons 1-4 and 6. This means they can be taken at full pay, so long as those 80 hours or two-weeks of full pay have not been used for another reason. After the first two weeks, employees who remain unable to work due to a school or child care closure, may take an additional 10 weeks (400 hours for a full-time employee) of leave and will be paid 2/3 of their regular rate of pay, up to a maximum of \$25 per hour for that leave. Part-time employees will be eligible for 10 weeks, calculated based off of the average weekly hours worked.

With supervisor approval, this leave may be taken intermittently, at a minimum of full hour increments. For example, when possible, the City will allow an employee to be off work for half the day to care for children using this new form of FMLA and then come in for a half day. Working some full shifts in a week and taking leave for some full shifts is also an option. Lastly, the City will allow employees to supplement the pay provided under this FMLA leave with the use of accrued leave time, if an employee wishes to receive a full paycheck.

## Summary

This new federal law is complex, and sometimes vague. The City is doing its best to understand all of the details and to implement it in a fully compliant manner that supports the varying needs of our workforce.

If you have a need for leave during this time, and believe you have a qualifying reason, the first step is to complete the appropriate application form (see attached).

As with any new leave program, we expect there will be questions and will do our best to answer them as quickly and thoroughly as possible. Please contact HR Manager Becky Barham at [bbarham@BloomingtonMN.gov](mailto:bbarham@BloomingtonMN.gov) or (952) 563 – 4906 or Assistant City Manager Kris Wilson at [kwilson@BloomingtonMN.gov](mailto:kwilson@BloomingtonMN.gov) or (952) 563 – 4898 with questions or as soon as you become aware of a need for leave time.

# EMPLOYEE RIGHTS

## PAID SICK LEAVE AND EXPANDED FAMILY AND MEDICAL LEAVE UNDER THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT

The **Families First Coronavirus Response Act (FFCRA or Act)** requires certain employers to provide their employees with paid sick leave and expanded family and medical leave for specified reasons related to COVID-19. These provisions will apply from April 1, 2020 through December 31, 2020.

### ▶ PAID LEAVE ENTITLEMENTS

Generally, employers covered under the Act must provide employees:

Up to two weeks (80 hours, or a part-time employee's two-week equivalent) of paid sick leave based on the higher of their regular rate of pay, or the applicable state or Federal minimum wage, paid at:

- 100% for qualifying reasons #1-3 below, up to \$511 daily and \$5,110 total;
- $\frac{2}{3}$  for qualifying reasons #4 and 6 below, up to \$200 daily and \$2,000 total; and
- Up to 12 weeks of paid sick leave and expanded family and medical leave paid at  $\frac{2}{3}$  for qualifying reason #5 below for up to \$200 daily and \$12,000 total.

A part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

### ▶ ELIGIBLE EMPLOYEES

In general, employees of private sector employers with fewer than 500 employees, and certain public sector employers, are eligible for up to two weeks of fully or partially paid sick leave for COVID-19 related reasons (see below). *Employees who have been employed for at least 30 days* prior to their leave request may be eligible for up to an additional 10 weeks of partially paid expanded family and medical leave for reason #5 below.

### ▶ QUALIFYING REASONS FOR LEAVE RELATED TO COVID-19

An employee is entitled to take leave related to COVID-19 if the employee is unable to work, including unable to **telework**, because the employee:

- |   |   |
|---|---|
| <ol style="list-style-type: none"><li>1. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;</li><li>2. has been advised by a health care provider to self-quarantine related to COVID-19;</li><li>3. is experiencing COVID-19 symptoms and is seeking a medical diagnosis;</li><li>4. is caring for an individual subject to an order described in (1) or self-quarantine as described in (2);</li></ol> | <ol style="list-style-type: none"><li>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 related reasons; or</li><li>6. is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services.</li></ol> |
|---|---|

### ▶ ENFORCEMENT

The U.S. Department of Labor's Wage and Hour Division (WHD) has the authority to investigate and enforce compliance with the FFCRA. Employers may not discharge, discipline, or otherwise discriminate against any employee who lawfully takes paid sick leave or expanded family and medical leave under the FFCRA, files a complaint, or institutes a proceeding under or related to this Act. Employers in violation of the provisions of the FFCRA will be subject to penalties and enforcement by WHD.



**WAGE AND HOUR DIVISION**  
UNITED STATES DEPARTMENT OF LABOR

For additional information  
or to file a complaint:  
**1-866-487-9243**  
TTY: 1-877-889-5627  
[dol.gov/agencies/whd](https://dol.gov/agencies/whd)





## Form to Request Federal Paid Emergency Sick Leave for COVID-19

Starting on April 2, 2020, if you are unable to work because of the COVID-19 pandemic, you may be eligible for paid sick leave under new federal legislation. You will be paid at your regular rate of pay. Full-time employees may take up to 80 hours of paid emergency sick leave for a qualifying reason. Part-time employees may take the number of hours they typically work in an average two-week period. To request paid emergency sick leave, please complete the below.

I certify that I am unable to work, including unable to telework, because of one of the following reasons:

- I am subject to a Federal, State or local quarantine or isolation order related to COVID-19, including but not limited to a “shelter in place” order.
- I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
- I am experiencing COVID-19 symptoms *and* am seeking a medical diagnosis
- I am caring for an individual who is subject to a Federal, State or local quarantine or isolation order related to COVID-19, such as a “shelter in place” order; or who has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
- I am caring for my minor child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons
- I am experiencing a substantially similar condition, as specified by the U.S. Department of Health and Human Services.

*Please note that Human Resources may ask you for documentation at any point to confirm your eligibility for this leave.*

Request Leave to Begin Date: \_\_\_\_\_

Anticipated Return to Work Date: \_\_\_\_\_

Employee’s Name (Printed): \_\_\_\_\_

I certify that the above information is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



## Form to Request FMLA for COVID-19 (School / Child-Care Closure)

Employee Name: \_\_\_\_\_

Department: \_\_\_\_\_

Starting on April 2, 2020, if you are unable to work because you need to care for your minor child whose school or child care provider is closed or unavailable due to the COVID-19 pandemic, you may be eligible for a partially paid leave of absence through the Family and Medical Leave Act, under recent federal legislation. If eligible, you may take up to 12 weeks of leave for this reason. The first two weeks of leave are unpaid, but you may use accrued paid time or other paid leave during those weeks.

To be eligible for this FMLA leave, you must have worked for the City for at least 30 days; and be unable to work or telework because you are caring for your minor child since your child's school or daycare closed or your childcare is unavailable due to COVID-19.

I certify that I am unable to work or telework at this time due to the need to care for my minor child/children who do not have school or child care due to the COVID-19 pandemic. This situation makes me:

Completely unable to work my normal schedule.

Able to work only a portion of my normal schedule. *(Please describe the hours you are able to work on a separate piece of paper and attach. This will be reviewed with your supervisor and a response provided as to whether the City can reasonably accommodate the requested schedule.)*

### Child / Children I must care for:

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship to Employee: \_\_\_\_\_

Name and City of School or Child Care Center/Provider the child is enrolled at:

\_\_\_\_\_

As of now, this school / child care provider has closed until: \_\_\_\_\_



Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship to Employee: \_\_\_\_\_

Name and City of School or Child Care Center/Provider the child is enrolled at:

\_\_\_\_\_

As of now, this school / child care provider has closed until: \_\_\_\_\_

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Relationship to Employee: \_\_\_\_\_

Name and City of School or Child Care Center/Provider the child is enrolled at:

\_\_\_\_\_

As of now, this school / child care provider has closed until: \_\_\_\_\_

\*\*\*\*\*

I certify that the above information is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**NOTICE:**

Employees qualifying for FMLA leave due to school or child-care closures will be paid for two-thirds of their normal wage for the work hours missed, up to a maximum of \$25.00 per hour. Full-time employees are eligible for up to 400 hours of paid time off. The maximum hours available for regular part-time employees will be determined by normally scheduled hours. For example, a part-time employee who is scheduled to work 25 hours per week would be eligible for two-thirds of their normal wage for those hours, up to a maximum of \$25.00 per hour, for no more than 250 hours of paid time-off. The maximum hours available for limited part-time, temp and seasonal employees will be determined by calculating the average hours worked over the last 6 months to determine an average hours worked per pay period. Prior to being eligible for this paid time-off, employees must first take two weeks of time off to care for their child/children whose school or child care is closed due to the COVID-19 pandemic. This initial 2 weeks of time off shall be unpaid or paid through the use of some other form of leave time.

The use of FMLA leave for this purpose counts towards an employee's total FMLA leave eligibility of 12 weeks per 12-month period.