

**TOOELE COUNTY
RESOLUTION 2021-06**

**A RESOLUTION APPROVING THE MODIFIED COVID SICK LEAVE
POLICY AND APPLICATION**

WHEREAS, the Families First Coronavirus Response Act (FFCRA), which required Tooele County to provide employees with paid emergency sick leave or expanded family and medical leave for reasons related to the COVID-19 pandemic, expired December 31, 2020; and

WHEREAS, Tooele County desires to continue some emergency sick leave benefits until April 30, 2021, in order to provide continuing financial assistance to county employees and safety in county workplaces; and

WHEREAS, the emergency sick leave benefit has been a valuable tool; and

WHEREAS, Tooele County's Personnel Policies and Procedures authorize the granting of administrative leave to employees as deemed necessary or appropriate; and

WHEREAS, there is no anticipated impact to the already approved annual budget;

NOW, THEREFORE, BE IT RESOLVED BY THE TOOELE COUNTY COUNCIL that the Modified COVID Sick Leave Policy, as set forth in the attached Modified COVID Sick Leave Application, is hereby adopted from January 1, 2021, through April 30, 2021.

EFFECTIVE DATE: This resolution is necessary for the immediate preservation of the peace, health, safety, or welfare of Tooele County and shall become effective upon passage, without further publication.

DATED this 16th day of February, 2021.

Tooele County
Res. 2021-06

ATTEST:


MARILYN K. GILLETTE, Clerk

TOOELE COUNTY COUNCIL:


TOM TRIPP, Council Chair



Council Member Hamner voted aye
Council Member Hoffmann voted aye
Council Member Thomas voted aye
Council Member Tripp voted aye
Council Member Wardle voted aye

APPROVED AS TO FORM:


COLIN R. WINCHESTER
Deputy Tooele County Attorney



MODIFIED COVID SICK LEAVE APPLICATION (Revised January 2021)
(Tooele County's Modified COVID Sick Leave policy will be in effect until April 30, 2021)

Employee Name: _____ Department/Division: _____

Employee Number: _____

Overview

Tooele County is committed to helping employees who are impacted by the effects of COVID-19. The modified COVID Sick Leave policy helps to ensure that employees don't miss out on compensation due to their inability to work as a result of COVID-19 infection or exposure. There are multiple factors to evaluate to determine if employees qualify for COVID Sick Leave. Please provide details in the sections below to help us determine what COVID Sick Leave you may be entitled to.

Requested Date Range: I am requesting to use COVID Sick Leave on the Following Workdays and for the Number of Hours Indicated (i.e. 1/11 – 8 hours; 1/12 – 8 hours): _____

Factor #1: Ability to Work From Home – If you have been provided with the ability to work from home, you will not be eligible for COVID sick leave. Discuss possible work from home arrangements with your department head before applying. Please indicate your work arrangements below.

- It was determined that no other work from home arrangements are available.
- Some options are available but not at my full schedule.
- My symptoms have been too severe to allow me to work from home.

Factor #2: Reason for Requesting COVID Sick Leave – Please indicate your reason for this request.

- Reason #1** – I have been subject to a Federal, State, or local quarantine or isolation order due to a positive COVID test or a known COVID-related exposure. Employees who are required to quarantine by a local health department will receive COVID Sick Leave for each day they miss work. Employees may receive a maximum of 2 weeks of COVID Sick Leave. Employees who have received COVID Sick Leave previously will have a reduced amount available to them.
- Reason #2** – I have chosen to get tested for COVID-19 due to experiencing related symptoms. I will be self-quarantining until test results come back. If test results are positive, my absence may be covered by COVID Sick Leave. If test results are negative, I understand that I am expected to cover my absence with my own personal leave.

You Are Required to Provide Verification of Your Need for Leave

- I Have Attached Verification of My Need for Leave.
- I Will Provide Reasonable Verification of My Need for Leave as Soon as I Receive It.
*Verification could include one or more of the following: A screenshot or photo of positive or negative test result, a letter or e-mail from a government agency notifying you of your quarantine or isolation order, or other reliable and credible source as determined by Tooele County. Tooele County retains the right to request additional verification of your need for leave if fraud or abuse is suspected.
**** (If you need to obtain documentation of your quarantine order, please send an e-mail to Louise Ekenstam lekenstam@tooelehealth.org or John Contreras jcontreras@tooelehealth.org at the Tooele County Health Department. Either of them can provide this documentation to you.)**

COVID Sick Leave application must be reviewed and signed by your supervisor prior to submitting to the HR Department.

Employee Signature: _____ Date: _____

Supervisor Review: _____ Date: _____

Approval, Additional Information Needed, or Denial

- Your request for COVID Sick Leave is **Approved** or **Provisionally Approved** (provided that you return reasonable verification of your need for leave within 10 days.)
Provided there is no deviation from your anticipated leave schedule, the following number of hours or days is anticipated to be counted against your entitlement: _____.
* NOTE: Supervisors, please use pay code FFCRA LEAVE to enter hours in NOVAtime for employee's timecard.
- Additional information is needed to determine if your leave request can be approved.
- You have exhausted your COVID Sick Leave – No additional COVID Sick leave will be granted.

Supervisor Review: _____ Date: _____

HR Department Review: _____ Date: _____