

**SUBJECT:** Emergency Paid Sick Leave Policy

**PURPOSE:** To protect the workplace in the event of an infectious disease outbreak.

**STATEMENT OF POLICY:** The Town of Laurel Park is taking proactive steps to protect the workplace in the event of an infectious disease outbreak. It is the Town's goal during any such time period to strive to operate effectively and ensure that all essential services are continuously provided and that employees are safe within the workplace.

The Town of Laurel Park is committed to providing authoritative information about the nature and spread of infectious diseases, including symptoms and signs to watch for, as well as required steps to be taken in the event of an illness or outbreak.

In response to the end of federal legislation the Town of Laurel Park will provide eligible employees with emergency paid sick leave under certain conditions.

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#### Eligibility

All employees who are FULLY vaccinated for COVID-19 or those that have a medical or religious exemption are eligible for emergency paid sick leave.

#### Reason for Leave

You may take emergency paid sick leave if you are unable to work (or telework) because:

1. You are subject to a federal, state, or local quarantine or isolation order related to COVID-19;
2. You have been advised by a health care provider to self-quarantine because of COVID-19;
3. You are experiencing symptoms of COVID-19 and are seeking a medical diagnosis;
4. You are caring for someone subject to a federal, state or local quarantine or isolation order related to COVID-19 or who has been advised by their healthcare professional to self-quarantine for COVID-19 related reasons;
5. You are caring for a child whose school or place of care is closed, or whose childcare provider is unavailable, due to COVID-19 precautions; or
6. You are experiencing substantially similar conditions as specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.
7. You have tested positive for COVID-19

#### Duration/Compensation

Employees are entitled to:

- **Full-time employees:** 40 hours of pay at their regular pay rate.

Leave Rules

You may elect to use emergency paid sick leave before using any accrued paid leave. No leave provided by the Town before the adoption of this policy may be credited against your leave entitlement. In addition, emergency paid sick leave cannot be carried over after June 30, 2024.

Requesting Leave

If you need to take emergency paid sick leave due to illness of yourself or your immediate family member as stated above, the employee must provide proof of vaccination for themselves and proof of a positive covid test. For any reason listed above, the employee is to submit the Employee Request for Emergency Paid Sick Leave form to their department head. The department head shall send this form to the Town Manager immediately for review and processing. All other normal call-in procedures apply to all absences from work.

Retaliation

The Town of Laurel Park will not retaliate against employees who request or take leave in accordance with this policy.

Expiration

This policy expires on June 30, 2024.

**EFFECTIVE:** 07/1/2023--06/30/2024

**LAST REVISED:**

**APPROVAL:** \_\_\_\_\_  
MAYOR

\_\_\_\_\_  
TOWN MANAGER

This policy may be modified by the Town Manager as needed and ratified by the Town Council at their next available meeting.

# Employee Request for Emergency Paid Sick Leave – FY23

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

Date: \_\_\_\_\_

Reason for request (circle below):

1. You are subject to a federal, state, or local quarantine or isolation order related to COVID-19;
2. You have been advised by a health care provider to self-quarantine because of COVID-19;
3. You are experiencing symptoms of COVID-19 and are seeking a medical diagnosis;
4. You are caring for someone subject to a federal, state or local quarantine or isolation order related to COVID-19 or who has been advised by their healthcare professional to self-quarantine for COVID-19 related reasons;
5. You are caring for a child whose school or place of care is closed, or whose childcare provider is unavailable, due to COVID-19 precautions; or
6. You are experiencing substantially similar conditions as specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.
7. You have tested positive for COVID-19

Anticipated number of days Requested: \_\_\_\_\_

A copy of a vaccination card should be attached to this form for processing.

If applicable a copy of a positive COVID-19 test result or doctor's note/evaluation or note from a school regarding isolation/closure is also required.

*Any questions of documentation requirements should be directed to the Town Manager.*

Department Head Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Town Manager Approval Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Payroll purposes) Date Received: \_\_\_\_\_