## **Human Resources Policy Bulletin**

### City of Lincoln

Number: 2020-2

Date: March 18, 2020

| Reference: | Title:  Temporary Paid Pandemic Leave |  |
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#### I. POLICY

Effective Monday March 16, 2020, all City of Lincoln employees may request up to two (2) weeks of paid pandemic leave in the event of self-quarantine, quarantine, isolation, care of an immediate family member or for childcare needs resulting from school or day care closures. The emergency leave is available to all employees, including temporary and seasonal staff.

This two (2) week paid leave will be based upon the employees normally scheduled hours. For example, if an employee is full time at 40 hours per week, they would be eligible for 80 hours of paid leave. If an employee is normally scheduled for 56 hours per week, they would be eligible for 112 hours of paid leave. Part-time employees will be eligible for a prorated amount of time based upon their normally scheduled work hours.

This temporary paid leave policy can be requested during the current pandemic, and we will reevaluate the program, as well as other leave policies, as needed in the coming weeks. At the end of the pandemic, unused paid pandemic leave will be removed from any employee's record, and the employee will not have any claim for future use.

### II. PROCEDURE

#### **Request from Employee**

In the event of a qualifying situation, an employee will make a request to their director or director's designee to be paid through paid pandemic leave. The notice should be given in writing, such as an email or memo. Management will evaluate the request while considering the staffing needs for essential city services.

### **Qualifying Events**

A qualifying event will include situations such as:

- Childcare needs due to school closing or loss of daycare services
- Elective self or ordered quarantine or ordered isolation
- Self isolation due to high risk factors or vulnerable family member
- Travel within the United States from an CDC area of significant community spread
- Travel from outside the United States from a CDC identified level III country

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### **Amount of Leave**

Full time employees who work a 40-hour work week will receive 80 hours of paid leave Full time employees who work a 56-hour work week will receive 112 hours of paid leave Part time employees will receive a pro-rated amount of time based upon their scheduled work hours; for example: a part time employee who works 20 hours per week will receive 40 hours of paid leave.

### **Recording of Paid Pandemic Leave**

The department payroll clerk will be instructed by the Finance department in how to code and track the paid leave.

Doug McDaniel

Human Resources Director

3-18-2020

Date

Leirion Gaylor Bair

Mayor

March 18, 2020
Date

# TEMPORARY PANDEMIC LEAVE REQUEST

| Date of Request:                       | First Request                   | Second Request        |
|--|---------------------------------|-----------------------|
| Employee Name:                         |                                 |                       |
| (PLEASE PRINTas appear                 | rs on paycheck)                 |                       |
| Department:                            |                                 |                       |
| Social Security Number (Last 4 Di      | gits): X X X – X X -            |                       |
| CHECK ALL THAT ARE APPLI               | CABLE FROM THE L                | IST BELOW:            |
| Childcare needs due to school closi    | ing or loss of daycare services | (may not be applicabl |
| to essential employees or first resp   | onders)                         |                       |
| Elective self or ordered quarantine    | or ordered isolation (may not   | t be applicable to    |
| essential employees or first respond   | ders)                           |                       |
| Self isolation due to high risk factor | rs (may not be applicable to e  | ssential employees    |
| or first responders)                   |                                 |                       |
| Self isolation due to vulnerable fam   | nily member (may not be appl    | icable to essential   |
| employees or first responders)         |                                 |                       |
| Indicate family member name:           |                                 |                       |
| Indicate relationship:                 |                                 |                       |
| Travel within the United States from   | m a CDC area of significant c   | ommunity spread       |
| Indicate area traveled to:             |                                 |                       |
| Indicate dates you traveled:           |                                 |                       |
| Travel from outside the United Stat    | tes from a CDC identified leve  | el III country        |
|  |                                 |                       |
| Indicate Country traveled to:          |                                 |                       |

The City's Paid Pandemic Leave is subject to all tax withholding and will count as compensation for retirement match and pension contributions but will not have sick leave or vacation accruals.

### SUBMIT COMPLETED FORM TO YOUR DEPARTMENT PAYROLL CONTACT