



EXPECT AN EXPERT

COVID-19 Sample Policies and Forms

May 26, 2020

The sample policies and communication materials provided in this document must be carefully modified to meet an employer's specific needs. None of the content is meant to be exhaustive or construed as legal advice. Consult with legal counsel before use.



Overview of this Guide

The sample policies and forms contained in this document have been created over the past several weeks to help employers administer new procedures they've been forced to implement because of the Coronavirus pandemic. As this crisis continues to evolve and businesses reopen, COVID-19 policies should be distributed, protocol for employees reporting illness should be communicated, and Paid Leave Request forms should be drafted and ready for use. The sample materials listed below have been developed by Henderson Brothers, Inc. to help employers with this process.

Section I: Remote Work Materials

- **Temporary Remote Work Policy**
This sample policy outlines what is expected of employees as they are forced to work from home on a temporary basis. It can be altered as business needs change.
- **Temporary Remote Work Employee Agreement**
This type of Agreement is generally recommended when remote work is conducted.

Section II: Contagious Disease Policy

- **Sample Contagious Disease (COVID-19) Policy**
The purpose of this policy is to help prevent the spread of COVID-19 in the workplace through measures that focus on safety, prevention and education.

Section III: Communication to Ill Employee

- **Sample letter to Ill Employee**
This letter illustrates self-quarantine requirements, exposure notification, summarizes paid leave benefits and provides details on the CDC's return to work protocol.
- **Self-Certification to Return to Work after COVID-19 Exposure/Symptoms Form**
This document can be used to determine whether employees self-isolating at home are completely clear of any illness before returning to work.

Section IV: Possible Exposure at the Workplace

- **Sample Possible COVID-19 Exposure at the Workplace memo**
This document can be used to get employers started when an exposure to the illness has been identified.

Section V: FFCRA Paid Sick and Paid Family Leave Materials

- **FFCRA Paid Sick & Paid Family Leave chart**
- **Sample COVID-19 Paid Sick & Paid Family Leave Policy**
This policy is an overview on the COVID-19 FFCRA mandated paid sick and paid family benefits that applies to employers with 499 or fewer employees.
- **Sample COVID-19 Paid Sick Leave Request Form**
- **Sample COVID-19 Paid Family Leave Request Form**

Section VI: Essential Travel

- **Sample Employee Essential Travel Letter**
This very basic letter should be customized and provided to employees traveling for business during a time in which travel restrictions are in place.

SECTION I – Remote Work Materials

Sample Temporary Remote Work Policy

Overview

This COVID-19 Temporary Remote Work Policy is a business arrangement that allows employees to work from home by electronically linking to [Enter Employer Name] (“Company”). This Remote Work arrangement is provided for a temporary period during this specific COVID-19 pandemic *only*. Remote Work at [Enter Employer Name] is not an employee benefit nor is it intended to be available to all employees. The selection of individuals for a remote work arrangement is not based on any employee’s race, color, national origin, age, sex, gender or gender expression, marital status, sexual orientation, disability, or any other legally protected status. The only basis for a decision is whether it will be beneficial for the Company. This temporary remote work arrangement will have no effect on your salary, benefits, job responsibility, career opportunities and/or promotability. Employees will be notified when the temporary remote work arrangement has ended.

Hours Worked

[Enter Employer Name] will expect employees to work during Company regular work hours and to communicate with [Enter Employer Name] at a level consistent with employees working at the office or in a manner and frequency that seems appropriate for the job and the individuals involved. While this remote work arrangement is in effect, employees may need to report to the office if a situation arises that requires all company employees to be present in the office for continued ongoing operations.

Your total number of work hours are not expected to change during the period in which you work remotely, and you will be responsible for tracking your hours according to standard Company policy. Remote workers may be required to work overtime as needed. (Note: Non-exempt employees require approval of their manager prior to working overtime.)

Your daily work schedule is subject to negotiation with, and approval by, your manager. Your manager will require that you work certain “core hours” during which you would be accessible by telephone or e-mail. You understand that management has the right to modify this agreement on a temporary basis as a result of business necessity.

Business requirements, i.e.: training programs, special projects or meetings, may require that you spend more time in the office than usual during a particular week or other period. You will have to decide accordingly and be flexible with your hours in order to meet the business need. You are not entitled to necessarily “make up” a remote workday during the week if business requirements require you to be in the office on a normal remote workday.

You should set up a system with your manager for checking in with the office on a daily basis in the event that an emergency arises, i.e.: a pressing need for information, a change of project deadline, or a change in business conditions.

To ensure the success of the remote work arrangement, employees must abide by the following guidelines:

- **Remote Work Equipment and Supplies:** [Enter Employer Name] equipment must be used for business purposes only in accordance with company policy. Depending on the circumstances, the

employee may be responsible for any theft, damage, or loss of property belonging to [Enter Employer Name]. [Enter Employer Name] will supply the employee with appropriate office supplies (pens, paper, etc.) for successful completion of job responsibilities. Unless otherwise agreed to in advance in writing, [Enter Employer Name] will not be responsible for any other costs the employee may incur while remote work.

- **Remote Work Workspace:** The employee should designate a workspace for installation of any equipment that will need to be installed during this temporary remote work period. This workspace should be maintained in a safe condition, free from hazards to people and equipment.
- **Work Related Injuries:** Employees are responsible for keeping the work area free from dangerous or safety hazards. If the employee incurs a work-related injury, they shall report it immediately to their supervisor. An injury may be compensable under workers' compensation law *only* if it occurs in the designated workspace during designated working hours.
- **All Other Policies Apply:** Employees must continue to abide by all other policies and procedures including those in regard to computer use, social media and confidentiality. As a condition of Remote Work, all employees who receive permission to work remotely under this Policy must first sign a [Temporary Remote Work Agreement](#).
- **Requests for Leave:** Unless a flexible schedule is agreed to, employees should not permit non-work-related events and activities to disrupt or interfere with scheduled work time. Requests to use sick leave, vacation or other leave must be approved in the same manner as the employee who does not telecommute. If a nonexempt employee becomes ill while working at home, the employee must report the hours actually worked and use sick leave for those hours not worked in accordance with the company provided sick benefits during this COVID-19 pandemic.
- **Nonexempt Employees:** Remote Work employees are not exempt from the overtime requirements of the Fair Labor Standards Act, and therefore must comply with all recordkeeping requirements. Nonexempt Remote Work employees must accurately record and timely report all working time as a condition of continued participation in the Temporary Remote Work program. A supervisor must approve, in advance, any hours worked in excess of those specified per day and per week, in accordance with local, state and federal requirements. [Enter Employer Name] may revoke the Remote Work privileges of any employee failing to comply with this requirement.
- **Duration of the Temporary Remote Work Arrangement:** All Remote Work arrangements granted during this COVID-19 pandemic will be temporary. Additionally, in its sole discretion, [Enter Employer Name] may discontinue any Remote Work arrangement during the COVID-19 pandemic at any time, although reasonable advance notice will be provided where practicable. Unless other arrangements have been made, upon termination of the Remote Work arrangement or employment, whichever is first, the employee must return all company property to [Enter Employer Name] in good working order, less any normal wear and tear.

This Policy is not intended to alter the employment at-will relationship in any way. Accordingly, unless an employee has a valid written and signed contract of employment stating otherwise, employment is at-will and can be terminated by the employee or by [Enter Employer Name] at any time.

[Enter Employer Name] has the sole discretion to change, modify or eliminate this policy at any time.

Sample Temporary Remote Work Agreement

Employees should complete this form and provide it to their supervisor or to Human Resources. By signing this Agreement, the employee certifies that he or she has reviewed, understands and agrees to abide by the Temporary Remote Work Policy that was distributed along with this form. Work hours, compensation, benefits, use of sick time and other time off will conform to [Enter Employer Name]'s existing policies and procedures unless noted otherwise in this Agreement.

Employee to complete this section of the form for Remote Work location:

Name:			
Address/Street:	City:	State:	Zip:
Work Phone:	Email:		

Remote Work Hours: Begin Date: ____/____/____ End Date: To be determined by employer
Describe any variation from the employee's regular work hours:

Equipment:

Employer's property will be utilized at the remote work location

Employee-owned equipment will be utilized at the remote location

Termination of the Temporary Remote Work Agreement: [Enter Employer Name] reserves the right to terminate this Temporary Remote Work Agreement at any time for any reason. Although efforts will be made to provide reasonable notice of termination to accommodate personal commitments, such as childcare and commuting requirements, there may be instances when notice is not possible. Requests to terminate this Temporary Remote Work Agreement by the employee will be considered by the supervisor. This Temporary Remote Work arrangement does not alter the at-will nature of employment and does not provide any contractual rights to continued employment.

Employee: _____

I agree to this Temporary Remote Work arrangement. In addition, I have reviewed and will abide by all Remote Work policies pertinent to Remote Work, including those related to the security and confidentiality of data, systems and equipment.

Signature: _____ Date: _____

Reviewed and approved by Human Resources:

Signature: _____ Date: _____

SECTION II – Contagious Disease Policy

Sample Contagious Disease (COVID-19) Policy

It is the goal of [Enter Employer Name] during any period of quarantine or contagious disease outbreak to operate effectively, to ensure that all essential services are continuously provided, and to make certain that all employees are safe within the workplace. This Contagious Disease Policy applies to the current Coronavirus (COVID-19) pandemic and when applicable, governs all individuals on company premises, including contracted personnel and visitors.

Policy Overview

[Enter Employer Name] reserves the right to exclude any person with any contagious disease, including those potentially sick with COVID-19, from all facilities, programs and functions if [Enter Employer Name] decides that the restriction is in the best interests of the organization.

Individuals shall not be excluded solely on the basis that they have a contagious disease, including COVID-19. Factors that will be considered in determining whether to exclude individuals will include whether the disease is contagious in ordinary public association, the nature of the disease, including the typical risks to other individuals in good health, the public health situation in the region, the nature of the individual's employment or (if applicable) clinical, cooperative or service learning placement, and whether [Enter Employer Name] is required by law to exclude individuals with the disease. Any individual suspected of having COVID-19 will be asked to leave company premises immediately and will be expected to seek medical treatment promptly.

[Enter Employer Name] reserves the right to require a written statement from an individual's physician indicating that the person is no longer contagious.

[Enter Employer Name] has a commitment to treat all employees, contractors and visitors openly. This policy represents the intention to inform all individuals of the [Enter Employer Name] community about the risk of exposure to COVID-19. This policy also represents a commitment to strive to preserve and protect the confidentiality of employees, contractors and visitors who have developed COVID-19. [Enter Employer Name] protects those affected from discriminatory or imposed isolation from the workforce community if possible. [Enter Employer Name] assumes that informed employees, contractors and visitors will take the necessary steps to continuously protect themselves from infection.

Individual Responsibilities

All individuals have a responsibility to prevent the spread of COVID-19 when they are aware or suspect that they are, or could be, asymptomatic of COVID-19. Awareness is showing or feeling signs of illness, such as **coughing, fever, joint aches, chills, repeated shaking, muscle pain, headache, sore throat, loss of taste or smell.** Awareness also includes known exposure to someone with COVID-19.

Required Self-Isolation or Self-Quarantine Procedures

- Employees that have COVID-19 symptoms (i.e., fever, cough, shortness of breath or any other symptom illustrated previously) or are ill with the virus without symptoms, should notify their supervisor (or HR) immediately. The employee should stay home, self-isolate for a minimum of 14 days, follow their physician's orders, and/or follow CDC recommended guidelines for care.
- Employees that have no symptoms, but who have been in close contact with an individual with known or suspected COVID-19, should notify their supervisor (or HR) immediately. The employee should self-quarantine at home, and follow CDC recommended precautions. Human Resources will provide additional direction, and in most cases, employees will be required to stay home and self-quarantine for a minimum of 14 days from the date of exposure.

Good judgment skills by all employees are critical in safeguarding the health of the public, co-workers, contractors and others.

Return to Work following COVID-19 Exposure or Illness

When a physician return-to-work statement is not obtainable, employees who have been in self-isolation (or self-quarantine) at home must complete the [Return to Work Self Certification Form](#) reporting that they have satisfied the CDC's criteria for **Discontinuation of Home Isolation** before returning to the workplace.

Employees hospitalized with the illness must provide documentation that they have satisfied the CDC's criteria to **Discontinue Transmission-based Precautions** before returning to work and when requested by Human Resources, provide additional information from their physician that they are completely recovered from COVID-19.

Contact Human Resources for more details on the CDC requirements or review the criteria on <https://www.cdc.gov/coronavirus/2019-ncov/hcp/disposition-in-home-patients.html>.

Travel

Business-related travel to certain areas has been suspended until further notice. You must contact Human Resources if you are asked to travel for work at this time. If you have been to a restricted area in the last 14 days, or plan to travel to a restricted area outside work (e.g., on a personal vacation or for family reasons), inform [insert Human Resources, supervisor or department head] immediately.

Paid Sick Time and Protected Leave

As mandated by the Families First Coronavirus Response Act (FFCRA), employees will be entitled to up to 80 hours of Paid Sick Leave and then if applicable, up to an additional 10 weeks of Paid Family Leave. Specific requirements apply. If any governmental agency in conjunction with the CDC, declares a pandemic in our counties of business that impacts our operation in another way and/or impacts the sick time benefits we offer, we will comply with the regulations as required.

In addition to these benefits, employees diagnosed with COVID-19 should request Short Term Disability (STD) paperwork for the possibility STD benefits will be available. STD benefits will be provided *only* when

employees are deemed temporarily disabled in accordance with the terms of our [Enter Insurer Name if applicable] STD contract. Paperwork should be requested immediately upon diagnosis.

As required under the Family and Medical Leave Act (FMLA), and/or any other applicable state or city leave laws, eligible employees will be provided unpaid job-protected and benefit-protected leave. When applicable, regulated leave will run concurrent with PTO, STD or any other income replacement benefits employees might receive while unable to work.

Supervisor Responsibilities

A supervisor always has the responsibility to manage the employee's workplace in an appropriate manner. If the supervisor notices or receives a report that an employee is exhibiting signs of COVID-19, the supervisor will send the employee home if a reasonable person could conclude that a person appears to have a COVID-19 (or another communicable disease) and the spread of that disease is probable.

If the supervisor is unsure after consulting with the employee, others, such as a department director, Safety Officer or Human Resources Director, may be consulted. As a standard operating procedure, supervisors should visually come into contact with those they supervise, when possible, before making a determination.

Supervisors should advise employees who have symptoms of any illness to consult with their health care providers and report to work only after symptoms have subsided and the employee has been cleared by Human Resources to return. Employees must keep their supervisors and/or Human Resources informed on the anticipated length of absence.

Administrative Response

When a disease is identified by the CDC or another governing authority to be a threat to the community, reasonable accommodation (e.g., Remote Work) is made on a case-by-case basis by Human Resources in consultation with health officials. All applicable federal, state, and local laws apply, and recommendations of the CDC are followed.

Confidentiality

COVID-19 or other communicable disease-related diagnostic information reported to the [Enter Employer Name] is treated as confidential and privileged information. [Enter Employer Name] will adhere to all federal, state and local privacy laws and health reporting requirements.

Further Communications from Us

A **Disaster Preparedness Team**, [Enter Disaster Preparedness Team Name], will be designated to monitor and coordinate events around a contagious disease outbreak, as well as to create work rules that could be implemented to promote safety within our organization. This is a rapidly changing situation. We will continue to provide updates as to how COVID-19 is affecting our business operations, including any changes to working arrangements that might be necessary and/or required by law.

SECTION III – Communication to Ill Employee

Sample Letter to Ill Employee or Employee Exposed to COVID-19

Dear [insert recipient's name]:

We understand that you have received a presumptive or confirmed diagnosis of COVID-19, or you have been in close contact with an individual with known or suspected COVID-19. First and foremost, we realize how difficult and frightening this time is for you, and we wish you a full, quick recovery.

Self-Isolation or Self-Quarantine Requirements

- If you have COVID-19 symptoms (i.e., fever, cough, shortness of breath, joint aches, chills, repeated shaking, muscle pain, headache, sore throat, loss of taste or smell), or are ill with the virus without symptoms, you should stay home, self-isolate for a minimum of 14 days, follow your physician's orders, and/or follow CDC recommended guidelines for care.
- If you have no symptoms, but you have been in close contact with an individual with known or suspected COVID, the CDC recommends that you stay home and follow CDC recommended precautions. Unless notified otherwise in this letter, you are required to stay home and self-quarantine for 14 days from the date of exposure.

Optional: However, you may work remotely unless your symptoms prevent you from doing so. [If applicable, include information about Remote Work including the [Temporary Remote Work Policy](#). Add instructions on how equipment will be sent to the employee and then returned]

Exposure to Co-workers

In order to assess the risk of exposure to others, please contact [insert Human Resources or appropriate contact and contact details] to inform us as to:

- When you first began experiencing symptoms of COVID-19;
- The last time you were in the workplace; and
- The areas of the workplace you visited.

You will need to identify the coworkers [insert, if applicable: and clients, vendors and third parties] that you had close contact with (e.g., being within approximately six feet) within the 14 days prior to testing positive. At no time will your identity and the fact that you tested positive be disclosed to any coworkers. Your identity will remain confidential and only known to [insert Human Resources, supervisor or manager], unless you voluntarily disclose your status to your coworkers.

Leave Benefits

During this time, you may use available [insert as applicable: paid time off (PTO), vacation and/or sick leave] [insert if organization has fewer than 500 employees: as well as paid sick leave offered under the Families First Coronavirus Response Act]. [Insert additional information regarding available leave options] Please contact

[insert Human Resources or appropriate contact and contact details] for further information regarding eligibility and the application process.

Return to Work

Employees who have been under self-isolation or self-quarantine at home must complete the [Return to Work Self Certification Form](#) that they have satisfied the CDC's criteria for **Discontinuation of Home Isolation** before returning to the workplace. Note: The CDC's recommended approach for discontinuation of isolation or quarantine following illness or exposure may change quickly with limited notice, and as a result, you may be instructed to follow different protocol and provide different information than what is summarized below:

Option #1: CDC Time-since-illness-onset and Time-since-recovery (non-test-based) Strategy

You have symptoms of COVID-19 and were directed to care for yourself at home and may discontinue isolation under the following conditions:

- At least three days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications, and
- Improvement in symptoms (e.g., cough or shortness of breath, etc.), and
- At least seven days have passed since symptoms first appeared.

Option #2: CDC Test-based Strategy

When possible, we recommend a test-based strategy; however, a test-based strategy is contingent on the availability of ample testing supplies and laboratory capacity as well as convenient access to testing. For jurisdictions that choose to use a test-based strategy, the recommended protocol has been simplified so that only one swab is needed at every sampling.

You have symptoms of COVID-19 and were directed to care for yourself at home and may discontinue isolation under the following conditions:

- Resolution of fever without the use of fever-reducing medications, and
- Improvement in respiratory symptoms (e.g., cough or shortness of breath), and
- Have negative test results from an FDA authorized COVID-19 test, from at least two consecutive nasal swab tests collected ≥ 24 hours apart (total of two negative tests).

You have tested positive for COVID-19, but are without symptoms:

- If you tested positive for COVID-19, and have not had any symptoms, you may discontinue isolation when at least seven days have passed since the date of your first positive COVID-19 diagnostic test and have had no subsequent illness. For three days following discontinuation of isolation, you should continue to limit contact (stay 6 feet away from others) and should wear a covering (mask, bandana, or barrier) over your nose and mouth whenever you are in settings with others.

These are difficult times, and the health and safety of our employees remains our utmost priority. Please maintain contact with Human Resources [OPTIONAL: and/or your supervisor] during this time and let us know if you have any questions or would like to discuss the content of this letter in more detail.

In good health,

[Insert Human Resources representative]

Sample Return to Work Self Certification Form

Note: We have this available in a PDF fillable format

Complete this self-certification form prior to your return to work if you:

- Had symptoms of COVID-19;
- Have had close contact with an individual diagnosed or showing symptoms of COVID-19; or
- Been directed to self-isolate or quarantine by your health care provider or a public health official.

Upon completion, return the form to [insert email address or name/contact details for appropriate company representative or department]. Failure to properly and completely fill out this form may lead to your inability to return to work.

I, _____, certify that the following statements are true and accurate:

Statements	Yes	No	N/A	Additional Information
#1 It has been at least three days (72 hours) since I have been free of a fever (100.4° For greater) without the use of fever-reducing or other symptom-altering medicines (e.g., cough suppressants).				If you selected Yes to #1, then you must enter date fever began here: _____
#2 Any respiratory symptoms (cough and shortness of breath) have improved.				
#3 Any other symptoms (e.g., chills, repeated shaking, muscle pain, headache, sore throat, loss of taste or smell) have improved.				
#4 At least seven (7) days have passed since my COVID-19 any of the symptoms listed above first appeared.				If you had any symptoms and selected Yes to #4, enter date symptoms began here: _____
#5 I have been in close contact with someone who has exhibited COVID-19 symptoms in the past 7 days. Refer to below for definition of "Close contact"				If Yes, enter date for when you were in close contact: _____

#6 I have been in contact with someone who has tested positive for COVID-19				If Yes, enter date: _____
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Date respiratory symptoms began improving: _____ (write N/A if no symptoms)

"Close contact" means living in the same household as a person who has tested positive for COVID-19, caring for a person who has tested positive for COVID-19, being within six feet of a person who has tested positive for COVID-19 for about 15 minutes, or coming in direct contact with secretions (e.g., sharing utensils, being coughed on) from a person who has tested positive for COVID-19, while that person was symptomatic.

I HEREBY ATTEST TO THE TRUTHFULNESS OF THE ABOVE STATEMENTS REGARDING MY RECOVERY FROM COVID-19	
Signature of Employee _____	
Printed Name of Employee: _____	Date Signed:
Signature of Manager: _____	
Printed Name of Manager: _____	Date Signed:

SECTION IV – Possible Exposure at the Workplace

Sample Possible COVID-19 Exposure at the Workplace Memo

[insert organization's logo, name and address]

[insert date]

[insert recipient's name]

[insert recipient's physical address (and/or email address if applicable)]

Subject: Possible Exposure to COVID-19

Dear [insert recipient's name]:

This letter is to advise you that an employee of [insert employer's name] has tested positive for the novel coronavirus, COVID-19. While we cannot disclose the employee's name because of privacy laws, employees working [insert description of areas where the employee worked or may have visited] during [insert time period (e.g., between [insert date] to [insert date])] may have been exposed to COVID-19.

If you experience symptoms of a respiratory illness such as the flu, **including fever, coughing, joint aches, chills, repeated shaking, muscle pain, headache, sore throat, loss of taste or smell** please contact [insert employer's name, Human Resources or other appropriate contact] at [insert contact information (e.g., phone number)] as soon as possible.

We also compiled a list of names of those who worked in proximity with this employee for the past 14 days and will be notifying each of them. These employees are urged to consult their health care providers and to follow their advice or that of a public health department regarding how long to stay at home. As communicated in our [Contagious Disease \(COVID-19\) Policy](#), at a minimum, these employees should stay at home for 72 hours (three days) without a fever (100.4° F or greater) and or any other symptoms (e.g., cough). If an employee develops symptoms, they should stay at home for at least:

- 14 days from when the symptoms began; and
- 72 hours (three days) free of a fever (100.4° F or greater) without the aid of fever-reducing medication or any other symptoms.

[Insert employer's name] is taking steps to limit the risk to employee health and safety during these challenging times. Therefore, out of an abundance of caution, we will close the [insert worksite location] on [insert dates location will be closed] to clean and disinfect the area. Employees who work at [insert worksite location] who can work remotely are expected to do so while this location is closed. Please consult with [insert Human Resources or appropriate contact (e.g., manager)] for additional instructions and information.

During this time, we will continue to closely monitor government and public health developments to determine other steps [insert employer's name] can take during this pandemic. We also urge employees to comply with guidelines from the Centers for Disease Control and Prevention (CDC) by:

- Maintaining appropriate "social distancing" measures (i.e., keeping a distance of at least six feet from others);
- Avoiding touching of the face;
- Washing hands frequently; and
- Wearing a mask or other face covering.

If you have any questions or concerns, please contact [\[insert Human Resources or appropriate contact\]](#).

SECTION V – FFCRA Paid Sick and Paid Family Leave Materials

Families First Coronavirus Response Act Paid Leave Chart

Qualifying Reasons 80 Hours of Paid Sick Leave	Benefit Amount	Daily Cap	10 weeks Family Leave
(1) EE is subject to a Federal, State, or local quarantine or isolation order related to COVID-19	100%	\$511	No
(2) EE has been advised by a health care provider to self-quarantine related to COVID-19	100%	\$511	No
(3) EE is experiencing COVID-19 symptoms and is seeking a medical diagnosis	100%	\$511	No
(4) EE is caring for individual subject to an order described in (1) or self-quarantine described in (2)	66.%	\$200	No
(5) EE is caring for a child whose school, place of care is closed, unavailable due to COVID-19	66%	\$200	\$200
(6) EE is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury	66%	\$200	No

Guidance:

We recommend employers carefully monitor the Department of Labor (DOL) FFCRA Paid Sick and Paid Family Leave Questions and Answers (FAQs) that can be found here: <https://www.dol.gov/agencies/whd/pandemic/ffcra-questions>

The IRS has released FAQs as well to address the FFCRA Paid Sick and Paid Family tax credits.

The guidance can be found here: <https://www.irs.gov/newsroom/covid-19-related-tax-credits-for-required-paid-leave-provided-by-small-and-midsize-businesses-faqs>

Sample COVID-19 Paid Sick & Paid Family Leave Policy

I. Paid Sick Leave Benefits

In accordance with the new Families First Coronavirus Response Act (FFCRA) law, [Enter Employer Name] will provide up to 80 hours of paid sick leave to all eligible full-time employees directly impacted by the coronavirus (COVID-19) as illustrated below. Part-time employees will be entitled to paid leave benefits on a pro-rated basis equal to the number of hours worked on average over a two-week period.

Qualifying Reasons for COVID-19 Paid Sick Leave

Employees will be entitled to paid sick leave benefits equal to 100% of the employee's regular rate-of-pay up to a maximum of \$511 per day when they are unable to work due to:

- A Federal, state or local quarantine or isolation order related to COVID-19
- Being advised by a health care provider to self-quarantine due to concerns related to COVID-19
- Experiencing symptoms of COVID-19 and seeking a medical diagnosis

Employees will be entitled to sick leave benefits equal to 2/3 (66%) of the employee's regular rate-of-pay up to a maximum of \$200 per day when the employee is unable to work because the employee is:

- Caring for a family member subject to a quarantine or isolation order related to COVID-19, or has been advised by a health care provider to self-quarantine due to concerns related to COVID-19
- Caring for a son or daughter whose school or place of care for the child has been closed, or childcare provider is unavailable due to COVID-19 precautions
- Experiencing any other substantially similar condition as specified by the Secretary of Health and Human Services

Optional -Company's Current Paid Sick Leave Benefits

Insert

Coordination with Company's Existing Paid Sick Leave Benefits

Employees are not required to substitute mandated paid sick leave with accrued [Enter Employer Name] PTO/Sick Leave at the onset of leave, however, may choose to do so if desired. Contact HR for details.

Scheduling Sick Leave

Employees must provide [Enter appropriate contact] notice before taking COVID-19 paid sick leave when the need for leave is foreseeable and will be required to complete and return the [COVID-19 Paid Sick Leave Request Form](#).

Where the need for COVID-19 leave is not foreseeable, employees should provide notice to [Enter appropriate contact] by telephone [or Enter another method, such as email or a general hotline] as soon as possible [or

Enter within ___ hours of the start of the shift, or within 24 hours of the onset of the emergency]. If the employee is too ill to place the call, a relative or household member may contact [Enter appropriate contact].

II. Paid Family Leave Benefits

Employees that have worked at least thirty calendar days for [Enter Employer Name] before they were impacted by COVID-19 will qualify for an additional ten (10) weeks of paid family leave at 2/3 (66%) of the employee's regular rate-of-pay to a maximum of \$200 per day. Paid Family Leave is provided for the following circumstance only:

- Employee is required to care for a son or daughter when the school or place of care for the child has been closed, or the child-care provider of such son or daughter is unavailable, due to a public health emergency.

Scheduling Paid Family Leave

Employees must provide [Enter appropriate contact] notice before taking COVID-19 paid family leave when the need for leave is foreseeable and will be required to complete and return the [COVID-19 Paid Family Leave Request Form](#).

III. Additional Provisions

Definitions

For purposes of this Paid Sick and Paid Family Leave policy, a "Family Member" is:

- Child - Biological, foster, adopted, stepchild, child of domestic partner, a legal ward, child of person standing in loco parentis (includes children age 18 or older who are incapable of self-care because of a mental or physical disability)
- Domestic Partner
- Spouse

Termination of COVID-19 Paid Sick and Paid Family Leave Benefits

COVID-19 paid leave provided to an employee shall cease beginning with the employee's next scheduled work shift immediately following the date on which the employee no longer qualifies for benefits, or when the maximum paid sick or paid family leave benefits have been provided under this policy, whichever occurs first.

Documentation

[Enter Employer Name] reserves the right to request that employees provide a certification or other approved written documentation for absences under this policy when permitted by law.

Employees who use COVID-19 paid leave time for an unauthorized reason or who abuse this policy may be subject to discipline, up to and including termination.

Effect on Other Rights and Policies

[Enter Employer Name] may provide other forms of leave for employees to care for medical conditions under certain federal (i.e., the FMLA or the ADA), state and municipal laws. In certain situations, leave under this policy may run at the same time as leave available under another federal or state law, provided eligibility requirements for that law are met. [Enter Employer Name] is committed to complying with all applicable laws. Please contact [Enter appropriate contact] for information about other federal, state and municipal medical leave rights.

Paid leave benefits do not count towards hours worked for purposes of calculating overtime.

These COVID-19 benefits will end on December 31, 2020 unless indicated otherwise by law.

Return-to-Work Release

Employees that have been off work because they have been advised by a health care provider to self-quarantine due to concerns related to COVID-19 or have experienced symptoms of COVID-19 must provide appropriate documentation that they are free from illness and able to return to work. When permitted by law, [Enter Employer Name] reserves the right to require employees to submit a physician return-to-work release before returning to work.

No Retaliation

Employees have the right to request and take paid leave time under this policy. [Enter Employer Name] does not tolerate retaliation against employees for exercising their rights under this policy [and Enter any other actions Employer does not tolerate, e.g., retaliation for making a complaint about a violation of the policy].

Employees who believe they have been subjected to retaliation should promptly contact [Enter appropriate contact].

Concerns/Questions

Employees who have questions or concerns regarding this policy should contact [Enter HR or appropriate contact].

[Enter Employer Name] has the sole discretion to change, modify or eliminate this policy at any time.

Sample COVID-19 Paid Sick Leave Request Form

Note: We have this available in a PDF fillable format

If you need to take Sick Leave through the Emergency Paid Sick Leave Act under the Families First Coronavirus Response Act, you must complete this form.

Dates for Leave Requested:

The Emergency Paid Sick Leave Act provides eligible employees up to 80 hours of paid sick leave. Below, please provide the time period for which you request this leave. If you become able to work or telework at an earlier time or the Qualifying Reasons you have selected below no longer apply to you, you must notify your Manager at that time. Please let your Manager know if you can work on an intermittent basis.

Provide dates for which leave is requested: _____

Qualifying Reasons for Paid Sick Leave:

You must select the Qualifying Reason you unable to work or telework. Please check all boxes below that apply to you, even if there is more than one, and fill in any related information requested for that Qualifying Reason.

I am subject to a Federal, State, or local quarantine or isolation order related to COVID–19.

If you selected above, please provide the name of the government entity that issued the quarantine or isolation order:

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

If you selected above, please provide the name and phone number of the health care provider who advised you to self-quarantine due to concerns related to COVID-19:

I am experiencing symptoms of COVID–19 and 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 or has been advised by a health care provider to self-quarantine due to concerns related to COVID–19.

If you selected above, please provide (i) the name of the government entity that issued the quarantine or isolation order to which the individual being cared for is subject; or (ii) the name of the health care provider who advised the individual being cared for to self-quarantine due to concerns related to COVID-19, as applicable:

- continue to next page -

I am caring for a son or daughter because their school or place of care has been closed, or the child-care provider of my son or daughter is unavailable due to COVID-19 precautions.

If you selected above, please provide the following information:

- 1) the name of your son or daughter being cared for:

- 2) the name of the school, place of care, or child-care provider that has closed or become unavailable:

- 3) By checking the preceding box, I represent and confirm that there is no other suitable person that will be caring for my son or daughter during the period for which take Emergency Paid Sick Leave and/or Emergency FMLA.

I am experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.

To the extent the Qualifying Needs selected earlier in this form make you eligible for leave under the Emergency Family and Medical Leave Expansion Act (Emergency FMLA) under the Families First Coronavirus Response Act, you agree to use such Emergency FMLA concurrently with this sick leave.

Agree **Disagree**

I HEREBY ATTEST TO THE TRUTHFULNESS OF THE ABOVE STATEMENTS REGARDING MY REQUEST FOR LEAVE AND CERTIFY THAT I AM UNABLE TO WORK OR TELEWORK DUE TO THE QUALIFYING REASONS I SELECTED ABOVE.

Signature of Employee _____

Printed Name of Employee: _____ Date Signed:

Signature of Manager: _____

Printed Name of Manager: _____ Date Signed:

Sample COVID-19 Paid Family Leave Request Form

Note: We have this available in a PDF fillable format

If you need to take Paid Family Leave under the Families First Coronavirus Response Act, you must complete this form. In order to be eligible for this Paid Family Leave benefit you must have been employed by the Company for at least 30 calendar days and meet the Qualifying Reason outlined below.

Provide dates for which leave is requested: _____

Qualifying Reason for Paid Family Leave:

I have confirmed by checking the box below that I am unable to work and unable to telework due to a need for leave to care for my son or daughter because the school or place of care has been closed, or the child care provider of such son or daughter is unavailable, due to a public health emergency with respect to COVID-19 declared by a Federal, State, or local authority.

Please provide the following information:

Name of son or daughter being cared for:

_____ Date of birth
___/___/___

_____ Date of birth
___/___/___

_____ Date of birth
___/___/___

Name of the school, place of care, or child-care provider that has closed or become unavailable:

By checking the box below, I represent and confirm that there is no other suitable person that will be caring for my son or daughter during the period for which I take Paid Family Leave:

I HEREBY ATTEST TO THE TRUTHFULNESS OF THE ABOVE STATEMENTS REGARDING MY REQUEST FOR LEAVE AND CERTIFY THAT I AM UNABLE TO WORK OR TELEWORK DUE TO THE QUALIFYING REASONS I SELECTED ABOVE.

Signature of Employee _____

Printed Name of Employee: _____ Date Signed:

Signature of Manager: _____

Printed Name of Manager: _____ Date Signed:

Section VI Essential Travel

Sample Essential Travel Letter

Insert organization's logo, name and address

Insert date

Subject: Essential Employee Travel Authorization

To Whom It May Concern:

The individual in possession of this letter is an employee of [insert employer name] and must travel to and from work and engage in work activities regardless of the time of day as an employee of an essential business as deemed by the US Government as critical to the infrastructure of the United States [OPTIONAL: and as defined by an Executive Order issued by [insert state or locality]].

Accordingly, this individual should be considered exempt from the current travel restrictions such as curfews, shelter-in-place orders and other mobility restrictions when reporting to, returning from, or performing their work-related duties for [insert employer name].

If you have any questions, please contact [insert company official] at [insert email address] or [insert phone number].

[insert closing]