BILL NO. R-21-01-01

RESOLUTION NO R-_____

RESOLUTION APPROVING THE CITY OF FORT WAYNE COVID-19 EMPLOYEE AND OPERATIONS POLICY.

WHEREAS, a Centers for Disease Control risk assessment indicates that the novel Coronavirus Disease, known as "COVID-19," is a serious public-health threat and that "sustained person-to-person spread will continue to occur, including throughout communities in the United States";

WHEREAS, the Centers for Disease Control reports that COVID-19 may cause severe illness, including illness resulting in death, particularly among the elderly and those with severe underlying health conditions like heart disease, lung disease, and diabetes;

WHEREAS, the spread of COVID-19 throughout the United States and Indiana poses a severe and imminent threat to public health, and requires aggressive response measures to slow the spread of the disease and mitigate its impact;

WHEREAS, the United States Secretary of the Department of Health and Human Services declared COVID-19 a public-health emergency for the United States on January 31, 2020;

WHEREAS, the City of Fort Wayne and Allen County, Indiana continue to experience a high number of COVID-19 cases resulting in illnesses and death;

NOW, THEREFORE, BE IT ORDAINED BY THE COMMON COUNCIL OF THE CITY OF FORT WAYNE, INDIANA;

SECTION 1. That the City of Fort Wayne COVID-19: EMPLOYEE AND OPERATIONS POLICY, all as more particularly set forth hereto and is by reference incorporated herein as Exhibit "A" made a part hereof, and is hereby in all things ratified, confirmed and approved.

SECTION 2. That this Resolution shall be in full force and effect from and after its passage and any and all necessary approval by the Mayor.

_____
Council Member

APPROVED AS TO FORM AND LEGALITY

_____
Carol Helton, City Attorney

CITY OF FORT WAYNE

COVID-19: Employee and Operations *Effective as of 01/01/2021*

OVERVIEW

In response to the national COVID-19 state of emergency, the City of Fort Wayne is implementing a policy to maintain continuity of essential city functions. This policy enhances the City of Fort Wayne Policy and Procedure manual and does not automatically apply to employees of Public Safety, 24/7, or emergency operations. City employees will remain eligible for Public Health Leave provisions as long as they meet the requirements listed herein until such time as the policy is altered. The provisions of this policy will continue for a defined period until March 31, 2021 with review and possible modification as conditions change. Any unused Public Health Leave hours will expire at the discontinuance of this policy.

COMPENSATION

This Public Health Leave policy will provide employees with benefits based on an 8-hour shift and a 40-hour week as defined below. This policy provides 80 hours of emergency paid sick leave as of January 1, 2021 only for employees who did not use any or all of the 80 hours of paid leave under the Families First Coronavirus Response Act (FFRCA). This policy does not provide any additional leave for those employees that have previously exhausted the benefit provided under the FFCRA.

1. 100% of a 40-Hour Week
    a. Has been advised by a health care provider to self-quarantine related to COVID-19 due to a current diagnosis or due to being at increased risk for complications. **(eligible for up to 80 hours of paid sick leave)** *Employees must provide a doctor's note and submit a completed Public Health Leave form. If an employee has a positive COVID-19 diagnosis they may need to complete short term disability paperwork.*
    b. Is experiencing COVID-19 symptoms and is seeking a medical diagnosis. An employee is eligible for coverage for this reason only during time off awaiting an appointment or diagnosis. **(eligible for up to 80 hours of paid sick leave)**. *Employees must provide a doctor's note and submit a completed Public Health Leave form.*

Upon depletion of Public Health Leave hours, if the employee still meets one or more of the criteria above, they may continue paid time off by using accrued sick, personal, or vacation time. Upon depletion of accrued time, the employee may continue time off without pay upon application and approval for a leave of absence. Employees will be asked to document and affirm eligibility factors.

EXHIBIT "A"

ELIGIBILITY

1. Employees are not eligible for Public Health Leave if:
    a. The employee is currently receiving full or partial wage replacement due to a specifically defined qualifying event of the Family and Medical Leave Act of 1993. The employee may become eligible for Public Health Leave when the qualifying event is no longer applicable or the set period of benefits is exhausted.
2. Employees who knowingly falsify eligibility or violate a paid quarantine pursuant to this policy may be subject to disciplinary action up to and including termination as outlined in City Policy 304.

MODIFICATION TO NORMAL OPERATIONS

While the primary goal is to keep operating as normal as possible for as long as possible, there may be situations in which modifications to department operations or service offerings must take place. Division Heads will determine modifications to operations on a department-by-department basis.

1. Departments should immediately enact social distancing practices (separation of at least six feet) where possible. This may lead to limits on public interactions with your department. Please balance these considerations with the goal of ensuring continuity of operations.
2. If CDC-recommended social distancing measures are insufficient, departments may need to consider further reductions in physical proximity to the public, up to and including closing offices to the general public to reduce further spread of COVID-19.
    a. Departments should ensure that the public is informed of alternate methods of conducting business with the department and if no alternate methods exist, may need to consider temporary modifications of processes, procedures, rules, and deadlines.
    b. Departments may also need to consider alternate methods of conducting business due to a lack of available employees. To increase employee availability, departments may need to permit flexing work hours or permitting remote work where feasible and manageable.
3. Alternate work arrangements (e.g. flex time, working remote) must be approved by Division Heads. Current overtime requirements for non-exempt employees will continue under this policy in accordance with Federal Labor Standards Act.
    a. Except for employees who formally request a change in job circumstances due to underlying health conditions, concerns about the potential for COVID-19 infection will generally not result in the employee being reassigned to new duties, locations, or roles.

**The Centers for Disease Control defines close contact as a) being within approximately six feet of a COVID-19 case for a prolonged period of time. Close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case, or b) having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on).*

CORRECTED FORM

CITY OF FORT WAYNE PUBLIC HEALTH LEAVE FORM

Employee Name_____ Department _____

This Public Health Leave policy will provide employees with benefits based on an 8-hour shift and a 40-hour week as defined below.

I am requesting Public Health Leave for the following reason:

100% of a 40-Hour Week (eligible for up to 80 hours of paid sick leave)

- ☐ I have a current diagnosis of COVID-19 with documentation from a healthcare professional. (Eligible for up to 80 hours of paid sick leave) **Doctor's note required. Short term disability paperwork may be required.**

- ☐ I have been advised by a health care provider to self-quarantine related to COVID-19 due to experiencing COVID-19 related symptoms and seeking a medical diagnosis, or been advised by the local or state health department to quarantine due to exposure (Eligible for up to 80 hours of paid sick leave. **Letter from Board of Health or Doctor's note required.**

I attest that I meet the eligibility criteria indicated above and I acknowledge that providing false information may subject me to disciplinary action, up to and including termination as outlined in Policy 304 in the City of Fort Wayne Policy & Procedure Manual.

Employee_____ Date _____
(*signature*)

ADDITIONAL PAID TIME

You may elect to bridge a gap in paid time by using accrued hours (sick, personal, vacation, and compensatory time), complete the section below. Note: If you do not wish to use your available accrued time, write "none" on Line 1.

I hereby request that my available accrued time be applied in the following order:

1. _____ 2. _____

3. _____ 4. _____

Return the completed form to Laura Helmkamp, HR Benefits Manager, 427-2634

OLD FORM

CITY OF FORT WAYNE PUBLIC HEALTH LEAVE FORM

Employee Name_____ Department _____

This Public Health Leave policy will provide employees with benefits based on an 8-hour shift and a 40-hour week as defined below.

I am requesting Public Health Leave for the following reason:

100% of a 40-Hour Week (eligible for up to 80 hours of paid sick leave)

- ☐ I have a current diagnosis of COVID-19 with documentation from a healthcare professional. (Eligible for up to 80 hours of paid sick leave) **Doctor's note required. Short term disability paperwork may be required.**

- ☐ I have been advised by a health care provider to self-quarantine related to COVID-19 and/or experiencing COVID-19 related symptoms and seeking a medical diagnosis (Eligible for up to 80 hours of paid sick leave. This benefit will reduce to 75% after the 80 hours of paid sick leave is exhausted.) **Doctor's note required.**

I attest that I meet the eligibility criteria indicated above and I acknowledge that providing false information may subject me to disciplinary action, up to and including termination as outlined in Policy 304 in the City of Fort Wayne Policy & Procedure Manual.

Employee_____ Date _____
(signature)

ADDITIONAL PAID TIME

You may elect to bridge a gap in paid time by using accrued hours (sick, personal, vacation, and compensatory time), complete the section below. Note: If you do not wish to use your available accrued time, write "none" on Line 1.

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