

YAMHILL COUNTY

[Temporary Policy]

Section [X]

Subject: **Temporary COVID-19 Paid Administrative Leave Policy**

B.O. [XX-XXX, DATE]

The safety and welfare of the employees of Yamhill County are paramount. The County recognizes that the Governor of the State of Oregon has issued Executive Order Nos. 20-03 and 20-05 concerning COVID-19. This temporary policy provides paid administrative leave to employees under certain conditions related to COVID-19.

ELIGIBILITY

To be eligible, an employee must be unable to work remotely and meet one of the following criteria:

- (1) An individual who has been directed by a public health authority or court to remain in isolation or quarantine because of a diagnosis of or exposure to COVID-19;
- (2) An individual who has entered into an agreement with state or local government to remain in isolation or quarantine because of a diagnosis of or exposure to COVID-19; or
- (3) An individual who is the primary caregiver for (1) or (2) and cannot work remotely.

The County reserves the sole discretion to determine whether or not an employee is able to work remotely.

DURATION OF PAID ADMINISTRATIVE LEAVE

The County will provide paid administrative leave to eligible employees for the isolation or quarantine period until the employee becomes eligible for disability insurance benefits or other wage replacement benefits, up a maximum of [seven (7)/fourteen (14)] consecutive calendar days. In other words, paid administrative leave is intended to assist employees in case of a gap period until insurance or other wage replacement entitlements begin. Paid administrative leave shall begin on the first regularly scheduled work day and end on the last regularly scheduled work day during the isolation or quarantine period.

If the isolation or quarantine period is less than [seven (7)/fourteen (14)] consecutive calendar days, paid administrative leave shall terminate upon the end of the isolation or quarantine period.

Employees who exhaust paid administrative leave shall use accrued paid leave for the remainder of the isolation or quarantine period until such accrual is exhausted in accordance with County policies and applicable collective bargaining agreements.

FMLA/OFLA ELIGIBILITY

Paid administrative leave shall run concurrently with FMLA/OFLA leave where applicable. Employees who are eligible for FMLA/OFLA leave will receive conditional approval with approval subject to related County policies and procedures and statutory requirements.

LEAVE REQUESTS

Eligible employees must complete and sign the COVID-19 Isolation/Quarantine Leave Form and submit the form to Human Resources. Incomplete or untimely submissions may cause approval to be delayed or denied or for a shorter period of paid administrative leave to be approved.

RETURN TO WORK

Employees must report to work on the next regularly scheduled work day following the end of the isolation or quarantine period or upon release or authorization by the public health authority or state or local government, whichever occurs first. Employees may be required to submit written documentation of release or authorization. Employees may also be required to comply with the Return to Work policy where applicable.

In order to assist employees in their transition back to work, employees must notify Human Resources upon the end of the isolation or quarantine period and at least [two] business day before returning to work.

Failure to report to work in accordance with this policy shall be treated as an unexcused absence in accordance with the Attendance and Punctuality policy and/or applicable collective bargaining agreements.

STATUTORY COMPLIANCE

In the event of any conflict between the terms set forth in this temporary policy and applicable law, the law will be followed. No employee will suffer adverse employment action, discrimination, or retaliation with respect to any term or condition of employment for requesting, using, inquiring about, complaining about, or participating in an investigation, proceeding, or hearing related to this temporary policy or the use of leave provided under this temporary policy, except in cases of abuse, fraud, or other violation of policies and procedures.

RENEWAL AND EXPIRATION OF POLICY

This temporary policy will automatically upon the termination of the state of emergency declared by the Governor of Oregon in Executive Order No. 20-03 or thirty (30) days from the date of adoption, whichever occurs first unless extended by the Board of Commissioners. This temporary policy may be extended [Optional: by the Board of Commissioners or County Administrator] as needed in increments of thirty (30) days or less.

COVID-19 Isolation/Quarantine Leave Form

I hereby certify that the information provided below is true and correct to the best of my knowledge. I understand that a false statement may disqualify me and result in disciplinary action, up to and including termination of employment.

Employee Name: _____

Department: _____

Signature: _____

Date: _____

I qualify for COVID-19 Isolation/Quarantine Leave for the following reasons (check all that apply):

- An individual who has been directed by a public health authority or court to remain in isolation or quarantine because of a diagnosis of or exposure to COVID-19;
- An individual who has entered into an agreement with state or local government to remain in isolation or quarantine because of a diagnosis of or exposure to COVID-19; or
- An individual who is the primary caregiver for (1) or (2) and cannot work remotely.

Name of person in isolation/quarantine: _____.

I am requesting leave to begin on _____ and end on _____.

Contact information for government agency:

Name: _____

Address: _____

Telephone Number: _____

E-mail Address: _____

I have attached the written directive or order for isolation/quarantine: Yes No.