Mille Lacs County
Utilization of Paid Leave During a Public Health Emergency

A public health emergency may be declared by the World Health Organization (WHO), Centers for Disease Control (CDC), or Minnesota Department of Health (MDH). A public health emergency may be declared in response to outbreaks of widespread communicable diseases such as influenza, respiratory illness or other contagious disease. When one or more of the above declarations have been enacted, the County Administrator shall have discretion to activate this policy.

If the County Administrator declares this policy to be active, exceptions to the collectively bargained paid leave benefits and related County policies would be permitted to the benefit of the employees, as follows:

- An employee who has exhausted all paid leave would be allowed to receive an advance of the equivalent of up to 10 days of paid sick leave (up to a maximum of 80 hours, unless a greater amount is approved at the discretion of the County Administrator) for absence from work due to infection of the public health emergency; and
- An employee may use any available paid leave, in the event where a family member’s school or place of care has been closed due to public health emergency and their presence is required to care for the family member (in accordance with the necessary supervision or child care arrangements as defined in [Minn. Sat. 626.556, subd. 2 (g) (3)]).

All other provisions of the collective bargaining agreements remain intact, including but not limited to those pertaining to paid leave benefits.

Scope
This policy applies to all benefit-eligible County employees and is only in effect upon declaration by the County Administrator and it will remain in effect until the County Administrator declares it to be inactive.

Responsibilities
Copies of this policy will be distributed at the time of activation. Supervisors should discuss this policy with employees.

Background
Among prevention strategies associated with influenza and respiratory illnesses, some of the best ways to prevent infection is to avoid being exposed to the virus that causes it. The Minnesota Department of Health strongly encourages people to stay home if they are feeling sick, especially if they are experiencing influenza-like or respiratory symptoms associated with widespread transmission.

Procedures
The equivalent of up to 10 days of paid leave will be advanced to employees who meet the criteria below. The actual number of leave hours advanced will be based on the employee’s usual work schedule exclusive of overtime and may not exceed 80 hours, unless a higher level is approved by the County Administrator.

- County Administrator has declared activation of this policy consistent with a public health emergency declaration by an authorized agency; and
- Employee is experiencing symptoms consistent with the public health emergency, or is caring for an immediate family member experiencing these symptoms; or
- Employee has an immediate family member (as defined in collective bargaining agreements and the Personnel Policy, as applicable) affected as a result when a school or place of care has been
closed due to a public health emergency and their presence is required to care for the family member; and

- Employee is within the time period the County Administrator has declared this policy to be active; and
- Employee has exhausted all his/her accumulated compensated absences including sick leave, vacation leave, PTO, personal leave and compensatory time; and
- Employee has not already received the maximum accrual advance allowed under this policy; and
- Employee has requested the advance of leave hours in writing using the attached form.

The advanced hours will automatically be reduced from the employee’s future accruals. Once the advanced hours are paid back, leave accruals will again be credited to the employee’s balance at their full accrual rate. In the event the employee separates from Mille Lacs County before the advanced hours have been repaid, the county will deduct the value of the remaining hours (number of hours owed times the employee’s hourly rate of pay at separation) from the employee’s last pay check.

Approved: March 17, 2020

Pat Oman
County Administrator
Request for Paid Leave Advance During a Declared Public Health Emergency

Name: _________________________________ Department: ________________________

I am requesting an advance of paid time off hours because:

- I am experiencing symptoms consistent with the declared public health emergency, or am needed to care for an immediate family member experiencing these symptoms; and
- I am within the period the County Administrator has declared this policy to be active; and
- I have exhausted all my accumulated compensated absences including sick leave, vacation leave, personal leave and compensatory time; and
- I have not already received the maximum advance of up to 75 or 80 hours based on my regular work schedule.

The number of paid leave hours I am requesting is:

☐ A maximum of 75 hours because I usually work 75 hours per pay period, exclusive of overtime.
☐ A maximum of 80 hours because I usually work 80 or more hours per pay period, exclusive of overtime.
☐ A maximum of _____ hours because I am a benefit-eligible part-time employee.

I agree that the actual number of hours within the maximum specified above will be limited to the actual number of hours needed for this purpose and that they may not be accumulated or used for any other purpose.

I agree that if paid leave hours are advanced to me, the equivalent number of hours I used will be deducted from future accruals and that I will not have new accrued hours added to my paid leave balance until the advanced hours have been fully paid back.

I agree that if I separate from Mille Lacs County employment before the advanced hours are fully paid back, the County will deduct the value of those hours (number of hours owed times my hourly rate of pay at separation) from my last pay check.

Employee’s Signature: ___________________________ Date: ____________________

APPROVALS:

Supervisor: ☐ Approved ☐ Denied-Reason: ________________________________

Dept. Head: ☐ Approved ☐ Denied-Reason: ________________________________

Administrative Services Office Comments: ________________________________