

RESOLUTION NO. 2020- 3-26A

A RESOLUTION AMENDING WARREN COUNTY'S EMPLOYMENT POLICY

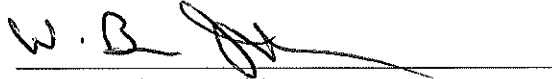
On March 16, 2020, the Commissioners of Warren County adopted a policy that initially provided for employees to use their accrued comp time, then sick time, then vacation time in the event they get sick.

Since that time, Governor Holcomb has issued a number of executive orders and the federal government passed the Families First Coronavirus Response Act which will take effect on April 2nd. The Employment Policy for Warren County is hereby amended to comply with applicable federal and state law, as follows:

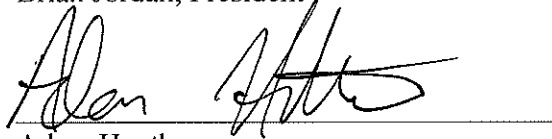
- A. Beginning April 2nd, if an employee is taking care of someone in quarantine or isolation; taking care of a child whose school or place of care has been closed; or, is subject to similar circumstances, the employee is entitled to receive up to 80 hours of Emergency Paid Sick Leave paid at two-thirds the employee's regular rate. Until April 2nd, all employees must follow the policy adopted by the Board of Commissioners of Warren County.
- B. Beginning April 2nd, if an employee is ordered to self-quarantine; is diagnosed with COVID-19; or, is experiencing symptoms of COVID-19 (i.e. a temperature above 100.4 degrees Fahrenheit), the employee entitled to receive up to 80 hours of Emergency Paid Sick Leave paid at the employee's regular rate. Until April 2nd, all employees must follow the policy adopted by the Board of Commissioners of Warren County.
- C. The federal government has also authorized an expansion of Emergency Family Medical Leave, to take effect on April 2nd.
 1. Emergency FMLA is available to employees who have been employed by the County for at least 30 days.
 2. The first 10 days of Emergency FMLA are unpaid. Employees may supplement this first 10 day period with Emergency Paid Sick Leave, or with accrued paid leave earned through employment.
 3. Emergency FMLA can last up to 12 weeks.
 4. Emergency FMLA will run concurrently with emergency paid sick leave.
 5. After the expiration of Emergency Paid Sick Leave, employees will be paid at two-thirds their normal rate. Emergency FMLA is capped at \$200 per day, and \$10,000 total.

SO RESOLVED, this 26 day of March, 2020.

THE BOARD OF COMMISSONERS
OF WARREN COUNTY



Brian Jordan, President

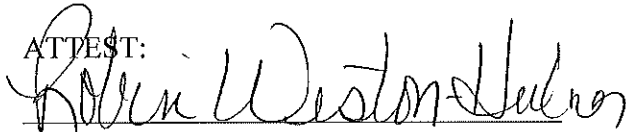


Adam Hanthorne



Clay Andrews

ATTEST:



Warren County Auditor

REQUEST FOR PANDEMIC OR EPIDEMIC LEAVE AFFIDAVIT

Employee Name (please print)

Department

I am requesting leave because:

School/Daycare Closure [Child-Care Leave]:

_____ My minor child's (under 13) school/daycare has closed, and I need to provide childcare.

Symptoms of a virus deemed as a Pandemic:

_____ I or a member of my household or **immediate family*** am/is presenting symptoms of the virus.

Positive test for a virus deemed as a Pandemic:

_____ I or a member of my household or **immediate family*** has tested positive for the virus.

_____ I or a member of my household or **immediate family*** work(s) or go(es) to school with someone who has tested positive for the virus.

_____ I or a member of my household or **immediate family*** have been informed by a public health agency that I/they have been exposed to another person has tested positive for the virus.

Recent travel out of the country:

_____ I or a member of my household or **immediate family*** recently returned from a foreign country or domestic interstate travel.

Elevated Health Risk"

_____ I have an elevated health risk due to pregnancy, age (over 60), compromised immune system or chronic disease and have been advised by my health care provider to self-quarantine.

_____ Other (please explain) _____

** Immediate Family is defined as: a spouse, child, step-child, parent, step-parent, sibling, step-sibling, family-in-law, grandchildren, grandparents, grandparents of spouse and step grandparents.*

Return completed form to your Elected Official/Department Head via email, if possible, or by utilizing a designated drop box. Attach a copy of this form with your biweekly payroll stub for the Payroll Department, and provide a copy to the Warren County Auditor.

Employee Signature

Date

Elected Official/Department Head Signature

Date