



DELANO JOINT UNION HIGH SCHOOL DISTRICT

1720 Norwalk Street, Delano, California (661) 725-4000

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TO: All Staff

FROM: Human Resources

SUBJECT: Families First Coronavirus Response Act – HR 6201

As previously communicated, during the closure of a DJUHSD facility and/or curtailment of any DJUHSD operations due to the COVID-19 pandemic, regular employees will not suffer any loss of pay or benefits relative to their normal work schedules. During the closure, employees will be required to perform assigned work either remotely or on site as directed. Employees must be reachable at all times during their regular work hours, abstain from alcohol and other impairment inducing substances, and report to work to perform assigned duties as needed. Employees in this situation remain in a full paid status with no deduction from their leave banks.

Employees unable to report to work, **or perform assigned work remotely**, during the closure due to their own personal medical or chronic health situation, to care for an ill or quarantined family member, or to care for their children due to school closures, have the ability to utilize their own leave banks, including sick leave, vacation, and comp time, to remain in a full paid status.

Effective April 1, 2020, employees unable to report to work, or perform assigned work remotely, may be entitled to additional paid leave benefits through the Families First Coronavirus Response Act, also known as HR 6201. HR 6201 provides the following additional paid leave benefits:

- **Emergency Paid Sick Leave (Self Care)** - Up to 80 hours or two weeks (pro-rated for part-time employees) of leave at full pay (maximum of \$511.00 per day) for employees unable to work onsite or remotely due to COVID-19 related government quarantine or isolation order, self-quarantine advised by a health care provider, or the employee's own COVID-19 related medical illness. (Qualifying reason 1-3, per attached FFCRA poster)
- **Emergency Paid Sick Leave (Care of Others)** - Up to 80 hours or two weeks (pro-rated for part-time employees) of leave at 2/3rds pay (maximum of \$200.00 per day) for employees unable to work onsite or remotely due to caring for an individual subject to COVID-19 related government quarantine or isolation order, self-quarantine advised by a health care provider, or to care for their child whose school or childcare is closed due to COVID-19. (Qualifying reason 4 & 6, per attached FFCRA poster)

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(Emergency Paid Sick Leave (self) and Emergency Paid Sick Leave (others), combined may not exceed two weeks total.)

- **Public Health Emergency Paid Family Leave** – Up to twelve workweeks of leave at 2/3d's pay for any regular employee, employed more than thirty days, who is unable to work onsite or remotely to care for their minor child due to a school or childcare closure caused by a public health emergency (first two weeks would utilize the Emergency Paid Sick Leave (Care of Others) or be unpaid, then the remaining ten weeks would be at 2/3d's pay). (Qualifying reason 5, per attached FFCRA poster)

(Public Health Emergency Paid Family Leave is subject to the FMLA limits of 12 workweeks annually. Employees who have already exhausted their FMLA leave for this year, would not be eligible for an additional 12 workweeks under this expansion of FMLA. Similarly, employees who utilize this leave now, will reduce their available FMLA leave for the next 12 months.)

Eligible employees requesting to use **Emergency Paid Sick Leave** or **Emergency Paid Sick Leave** and **Public Health Emergency Paid Family Leave** described above must submit applicable documentation verifying the need for the leave (government quarantine or isolation order; notice of closure or unavailability from child's school, place of care, or child care provider; physician's certification of advisement of need to self-quarantine due to COVID-19; or physician's certification that employee is under care due to symptoms of COVID-19) and the expected duration of the requested leave. Employees unable to perform assigned work remotely, or on-site for any of the reasons described above should e-mail hr@djuhsd.org to request leave and provide verification documentation.

EMPLOYEE RIGHTS

PAID SICK LEAVE AND EXPANDED FAMILY AND MEDICAL LEAVE UNDER THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT

The Families First Coronavirus Response Act (FFCRA or Act) requires certain employers to provide their employees with paid sick leave and expanded family and medical leave for specified reasons related to COVID-19. These provisions will apply from April 1, 2020 through December 31, 2020.

► PAID LEAVE ENTITLEMENTS

Generally, employers covered under the Act must provide employees:

Up to two weeks (80 hours, or a part-time employee's two-week equivalent) of paid sick leave based on the higher of their regular rate of pay, or the applicable state or Federal minimum wage, paid at:

- 100% for qualifying reasons #1-3 below, up to \$511 daily and \$5,110 total;
- $\frac{2}{3}$ for qualifying reasons #4 and 6 below, up to \$200 daily and \$2,000 total; and
- Up to 12 weeks of paid sick leave and expanded family and medical leave paid at $\frac{2}{3}$ for qualifying reason #5 below for up to \$200 daily and \$12,000 total.

A part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

► ELIGIBLE EMPLOYEES

In general, employees of private sector employers with fewer than 500 employees, and certain public sector employers, are eligible for up to two weeks of fully or partially paid sick leave for COVID-19 related reasons (see below). *Employees who have been employed for at least 30 days prior to their leave request may be eligible for up to an additional 10 weeks of partially paid expanded family and medical leave for reason #5 below.*

► QUALIFYING REASONS FOR LEAVE RELATED TO COVID-19

An employee is entitled to take leave related to COVID-19 if the employee is unable to work, including unable to telework, because the employee:

- | | |
|---|---|
| <ol style="list-style-type: none">1. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;2. has been advised by a health care provider to self-quarantine related to COVID-19;3. is experiencing COVID-19 symptoms and is seeking a medical diagnosis;4. is caring for an individual subject to an order described in (1) or self-quarantine as described in (2); | <ol style="list-style-type: none">5. is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons; or6. is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services. |
|---|---|

► ENFORCEMENT

The U.S. Department of Labor's Wage and Hour Division (WHD) has the authority to investigate and enforce compliance with the FFCRA. Employers may not discharge, discipline, or otherwise discriminate against any employee who lawfully takes paid sick leave or expanded family and medical leave under the FFCRA, files a complaint, or institutes a proceeding under or related to this Act. Employers in violation of the provisions of the FFCRA will be subject to penalties and enforcement by WHD.



WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

For additional information
or to file a complaint:

1-866-487-9243

TTY: 1-877-889-5627

dol.gov/agencies/whd



WH1422 REV 03/20



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1720 Norwalk Street, Delano, California (661) 725-4000

Families First Coronavirus Response Act (FFCRA) Leave Request

Employee Name: _____ Employee ID#: _____

Job Title/Work Location: _____

Reason for Leave Request: (Check the leave type and reason that applies.)

☐ Emergency Paid Sick Leave (self) Up to 80 hours, or the proration thereof, at full pay.

Requested Dates of Leave:

_____ to _____
_____ to _____
_____ to _____

Please identify reason:

- ☐ I am unable to work due to government issued quarantine or isolation order.
☐ I have been advised to self-quarantine by a healthcare provider.
☐ I am experiencing symptoms of COVID-19, and seeking a diagnosis.

☐ Emergency Paid Sick Leave (care of others) Up to 80 hours, or the proration thereof, at 2/3rds pay.

☐ I would like to use my own leave bank to supplement the 2/3rds pay.

Requested Dates of Leave:

_____ to _____
_____ to _____
_____ to _____

Please identify reason:

- ☐ I am caring for someone subject to government issued quarantine, isolation order or am caring for an individual who has been advised by a health care provider to self-quarantine related to COVID-19.
☐ I am caring for a son or daughter whose school or childcare is closed or unavailable "due to COVID-19 precautions".

☐ Public Health Emergency Paid Family Leave Up to 12 workweeks of leave, first 2 weeks unpaid, remaining 10 weeks at 2/3rds pay, for eligible employees. Employees may use the 2 weeks of Emergency Paid Sick Leave to remain in paid status for the first 2 weeks if they choose to do so.

☐ I would like to use my own leave bank to supplement the 2/3rds pay.

Requested Dates of Leave:

_____ to _____
_____ to _____
_____ to _____

- Employee must have been employed for at least 30 days.
- Leave is required to care for a minor child due to a school or childcare closure or unavailability of childcare provider caused by public health emergency.

My signature below affirms that I meet the criteria listed above and qualify for the Emergency Paid Leave selected.

Signature

Date

FOR HR USE ONLY

Eligibility verified by: _____

Date: _____

Qualifies for _____ ☐ hours ☐ days at 2/3 pay (Up to a maximum of \$200.00 per day)

Qualifies for _____ ☐ hours ☐ days at full pay (Up to a maximum of \$511.00 per day)

☐ Does not qualify. Reason: _____