



COVID-19 Human Resources Toolkit: Model Forms, Policies and Templates for Employers

During the COVID-19 crisis, the Labor and Employment Department at Cozen O'Connor has been working to produce forms, templates and policies to guide employers through the maze of new regulations and local requirements. We have now compiled all of these critical documents into one toolkit. While some portions can be used as is, we recommend that each of these documents be reviewed carefully to determine whether they should be appropriately customized to your company's unique business and workforce, as well as to any changes in applicable law at the time a document may be used. This toolkit includes the following materials:

Workplace Policies/Forms Related to COVID-19

- COVID-19 employee distancing, hygiene and mask policy
- Employee travel policy
- Work from home/telecommute policy
- Work letter for essential employee
- Return to work post-coronavirus checklist

Responding to COVID-19 Exposure in Workplace

- Protocol for COVID-19 case in workplace/contact tracing
- Protocol for return to work for positive COVID-19 case
- Notice to potentially exposed employees
- OSHA reporting protocol
- Safety complaint/whistleblower policy

Furloughs & Recalls

- Recall letter
- Return to work from furlough policy
- Benefits checklist for return to work
- Medical questionnaire for returning employees
- Notification to unemployment for employee refusal to return from furlough
- Reduction in force checklist
- PPP loan forgiveness – FTE reduction exception memorandum

Employee Medical Screening/Testing

- Employee screening policy
- Employee health self-screening form
- Temperature check log
- Temperature check authorization
- Temperature check failure/accommodation form
- COVID-19 testing protocol

Families First Coronavirus Response Act (FFCRA)

- FFCRA policy
- Paid leave request form
- Employee letter granting or denying request

Accommodation Requests

- Interactive process checklist/protocol for ADA accommodation requests
- Letter to employee regarding request
- Letter granting or denying request

For more information and to gain access to the COVID-19 HR Toolkit, please contact one of Cozen O'Connor's Labor and Employment attorneys.



**Workplace Policies/Forms
Related to Covid-19**

COVID-19

Employee Distancing and Office Hygiene Policy

As a result of the Covid-19 pandemic, the Company has made a number of changes to its operations and work environment. These changes are important to protect employee safety and health and failure to follow these rules may result in disciplinary action.

EMPLOYEE DISTANCING

Space planning and employee distancing is an important tool in reducing transmission of contagious diseases among colleagues at work. Solutions may differ depending on how many people are expected to return to work versus continuing to work from home. Understanding that dynamic will allow calculation of the total workforce expected to be accommodated in the office and assessment of the demand for workspaces.

Consider the following range of precautions and social distancing measures:

❖ Individual seats

- ☐ Only use alternate desks (checkerboard); disable the use of alternate desks; or remove alternate desks altogether
- ☐ Add desks to spaces previously used for group activities (convert training/meeting rooms, café area and the like into desk areas)
- ☐ Increase space between desks/workstations
- ☐ Add panels between desks including height adjustable panels for sit/stand desks
- ☐ Specify seat assignments for employees to ensure minimum work distances

❖ Meeting and shared spaces

- ☐ Avoid in-person meetings – use online conferencing, email or the phone when possible, even when people are in the same building
- ☐ Decommission and re-purpose large gathering spaces
- ☐ Reduce capacity of spaces – e.g., remove some chairs from large meeting rooms
- ☐ Prohibit shared use of small rooms by groups and convert to single occupant use only
- ☐ Calculate the maximum capacity of each room by dividing the net usable area by the square of the locally acceptable social distance (e.g., for a 6' social distance: a 200 SF room divided by 36 SF would have a recalculated maximum capacity of 5 people). Communicate this capacity via signage and room reservation tools.

❖ Circulation spaces

- ☐ Designate and signpost the direction of foot-traffic in main circulation paths; corridors, stairs, entries
- ☐ Consider one-way circulation routes through the workplace
- ☐ Mark increments of locally acceptable social distance on floors where queues could form

❖ Work practices

- ☐ Utilize work practices, when feasible and necessary, to limit the number of employees at the office at one time, this may include:
 - Scheduling staggered start/end times
 - Establishing alternating days for onsite reporting
 - Returning to the office workspace in phases
 - Continued use of telework when feasible

EMPLOYEE HYGIENE

Encourage good personal hygiene and infection control practices when employees are in the workplace including

❖ Protective equipment

- ☐ Cloth face-coverings – these can be purchased or made at home from cotton material. According to CDC guidance, an effective cloth face covering will:
 - fit snugly but comfortably against the side of the face
 - be secured with ties or ear loops
 - include multiple layers of fabric
 - allow for breathing without restriction
 - be able to be laundered and machine-dried without damage or change to shape
- ☐ *If mandatory* – company must provide or reimburse employees for face-coverings, gloves, and other protective equipment
- ☐ *If optional* – determine whether employer will place any limitations or restrictions on employee created protective equipment or the type of face-coverings, gloves, or protective equipment permitted
- ☐ Provide separate waste bins for disposable masks, gloves and other protective equipment

❖ Respiratory etiquette

- ☐ Encourage covering coughs and sneezes with a tissue and then throw it away; use your arm or sleeve to cover if you do not have a tissue
- ☐ Turn away from others when coughing or sneezing

❖ Hand hygiene

- ☐ Promote frequent and thorough hand cleaning
 - washing hands with soap and water, vigorously rubbing together front and back for 20 seconds
 - when soap and water is not available use alcohol-based hand sanitizers, rubbing hands until they are dry
- ☐ Make hand sanitizers available in multiple locations adjacent to common touchpoints
- ☐ Encourage employees to avoid touching eyes, nose or mouth

❖ Avoid touchpoints

- ☐ Provide disposable wipes so that common touchpoints (e.g., doorknobs, light switches, desks, desktop peripherals, remote controls, and more) can be disinfected by employees before each use
- ☐ Discourage the use or borrowing of other people's phones, desks, offices or equipment

FREQUENTLY TOUCHED SURFACES

Frequently touched surfaces are reservoirs for viral pathogens. By reducing the frequency of physical contact with items in the workplace that are also touched by others, individuals can reduce their exposure to communicable diseases. Solutions may be temporary or permanent.

In addition to providing disinfectant sprays or wipes adjacent to each touchpoint, consider the following range of precautions to reduce touchpoints:

❖ Light/power switches

- ☐ Affix signage to remind occupants to keep switches 'on' all day

- ☐ Install movement detectors to activate light switches – consider voice-activated controls
- ☐ Provide wall-mounted disinfectant dispensers
- ❖ **Doors and drawers**
 - ☐ Remove non-essential doors
 - ☐ Remove door handles if viable
 - ☐ Affix doors in an open position
- ❖ **Collaboration tools (conference phones, room reservation panels)**
 - ☐ Disable/decommission room reservation panels outside meeting rooms
 - ☐ Remove shared conference phones and encourage the use of personal mobile phones or laptop softphones for teleconferences
 - ☐ Remove whiteboard pens and erasers and encourage individuals to bring and manage their own
 - ☐ Provide whiteboard cleaning solution and disposable wipes adjacent to every board
 - ☐ Remove remote control handsets and provide instructions for manual equipment use instead
- ❖ **Chairs**
 - ☐ Remove unnecessary fabric upholstered chairs, which are harder to clean
 - ☐ Affix notices to each chair reminding occupants to avoid or disinfect touchpoints
- ❖ **Shared equipment (printers, copiers)**
 - ☐ Reduce the quantity of printers and copiers to dissuade printing
 - ☐ Provide individual printers for employees
- ❖ **Supply storage**
 - ☐ Secure supply storage and designate specific personnel to manage stock and distribute items
- ❖ **Kitchen and meal preparation areas**
 - ☐ Encourage occupants to bring food and beverage items from home and manage them individually
 - ☐ Encourage employees to eat at their work area or, if not possible, limit the number of employees using a break room to ensure available space for distancing
 - ☐ Minimize touchpoints by removing coffee pots and the like
 - ☐ Eliminate open food items
 - ☐ Provide prepackaged items in containers
 - ☐ Increase frequency of cleaning appliances such as refrigerators and microwaves
 - ☐ Consider installing physical barriers, such as clear plastic sneeze guards
- ❖ **Personal work areas**
 - ☐ Require employees to clean and disinfect personal work areas often and supply the necessary cleaning products
 - ☐ Provide time for workers to implement cleaning practices before and after shifts – if cleaning time is assigned to the worker, they must be compensated for that time.

EMPLOYEE TRAVEL POLICY

As a result of the continuing COVID-19 pandemic, and in an effort to ensure the safety of our employees and minimize the spread of COVID-19, the Company is [*implementing a policy – or – temporarily changing its policy*] regarding employee travel. This policy is effective immediately and will remain in place indefinitely until public health authorities indicate that the COVID-19 pandemic is no longer a threat or as circumstances otherwise warrant. The Company intends to follow CDC guidance, as well as guidance issued by other federal, state, and local government officials, regarding travel and may update this policy as appropriate or necessary.

Company-Related International and Domestic Travel

All employees are required to follow these guidelines regarding any scheduled or future international and domestic travel for Company-related reasons:

- All Company-related international and domestic travel outside of the State of [*home state*] is suspended through [*date*]. All pending travel within this same time period should be canceled immediately.
- Any employees who are uncomfortable traveling within the State of [*home state*] for Company-related reasons due to COVID-19 concerns, and who have scheduled travel prior to [*date*] may also cancel such travel plans.
- Employees should contact airlines, hotels, and other businesses with which travel plans have been made as soon as possible to request refunds as a result of COVID-19-related cancellations. All business-related costs associated with Company travel already planned will be incurred by the Company.

Personal Travel

The Company continues to strongly encourage employees to avoid any personal travel outside of the State of [*home state*] through [*date*] as an additional precaution to ensure the health and safety of your fellow employees.

All employees are required to follow these guidelines regarding any scheduled or future personal travel outside of the State of [*home state*]:

- The federal Centers for Disease Control and Prevention (CDC) recommends avoiding all non-essential travel to the following destinations: [*updated countries*]. All employees are responsible for checking the CDC web site to see if their travel destination has been added to an advisory list:
<https://www.cdc.gov/coronavirus/2019-ncov/travelers/index.html>.
- If you decide to travel outside of the State of [*home state*], you must notify your manager and [*any other Company group or individual*] of your specific travel plans, and you may be required to self-quarantine for 14 days after your return.
- Employees should check themselves for symptoms of COVID-19 before starting travel and after returning from travel, and are required to notify their manager and stay home if they are sick.
- [*Company group or individual*] will determine whether the combination of travel time and self-quarantine period will exceed available time off, and therefore whether any request for time off to travel will be granted or denied.
- Employees may be requested to provide certain documentation prior to returning to work after travel to certain locations.

Emergency Work from Home Policy

It is the policy of the Company to maintain a safe and healthy workplace, including minimizing the transmission of contagious diseases, including COVID-19. To protect our workforce and ensure business continuity during the COVID-19 pandemic, the Company is implementing a temporary work from home arrangement for certain employees, as outlined herein.

TO BE ELIGIBLE FOR PARTICIPATION IN THE WORK FROM HOME ARRANGEMENT, EMPLOYEES MUST RECEIVE WRITTEN APPROVAL FROM THE DIRECTOR OF HR OR A MEMBER OF SENIOR MANAGEMENT. THE COMPANY RESERVES THE RIGHT TO REVOKE ANY WORK FROM HOME ARRANGEMENT AT ANY TIME, OR TO OTHERWISE MODIFY THIS POLICY OR ANY PARTICULAR EMPLOYEE'S ABILITY TO TELECOMMUTE IN THE COMPANY'S SOLE DISCRETION.

Telecommuting / teleworking is the concept of working from home on a full- or part-time basis. Telecommuting may be appropriate for some employees and jobs, but not for others. Whether and to what extent telecommuting is appropriate for a given employee or job is determined in the Company's sole discretion. Telecommuting is not an entitlement, it is not a companywide benefit, and it in no way changes the terms and conditions of employment with the Company. Your employment continues to be on an at-will basis.

Compensation and Work Hours

The employee's compensation, benefits, work status and work responsibilities will not change due telecommuting. The amount of time the employee is expected to work per day or pay period will not change as a result of telecommuting. If an employee is unsure of what hours he or she is expected to work while telecommuting, they should consult their manager.

Telecommuting employees who are not exempt from overtime will be required to accurately record all hours worked using [the Company's timekeeping tools]. Hours worked outside of or in excess of those scheduled per day and per workweek (including time spent reading and/or responding to emails or other communications, or making or taking telephone calls) require the advance approval of management.

Telecommuting is not a substitute for family care arrangements. Employees must designate a person to provide primary care for dependents during telework hours.

Equipment/Tools

Upon request, the company may provide specific tools/equipment for the employee to perform his/her current duties. This may include computer hardware, computer software, phone lines, email, voice-mail, connectivity to host applications, and other applicable equipment as deemed necessary.

The use of equipment, software, data supplies when provided by the company for use at the remote work location is limited to authorized persons and for purposes relating to company business. The company will provide for repairs to company equipment.

[Employees are responsible for maintaining (and paying for) a secure, reliable internet connection and telephone service] / [Work-related voice and data communication expenses will not be reimbursed, in whole or in part, without prior written approval of the employee's manager].

Security

If approved to telecommute, employees must designate an appropriate remote workspace and must maintain this workspace in a safe condition, free from hazards. Consistent with the Company's expectations of information security for employees working at the office, telecommuting employees will be expected to take appropriate measures to ensure the protection of confidential and/or proprietary company and customer information accessible from their home office, and employees remain subject to all applicable confidentiality policies and procedures.

Office Supplies

Office supplies will be provided by the company as needed. Out-of-pocket expenses for other supplies will not be reimbursed unless by prior written approval of the employee's manager.

Communication

Employees must be available by phone and email during core business hours, unless an accommodation is approved by the employee's manager, in writing. Before beginning to telecommute, employees must provide their manager with a cell phone / best contact number. Employees will need to communicate with their manager regularly, within normal working hours, to make sure all expectations are being met. Employees must forward office calls to an appropriate phone number for conducting business. If a personal cell phone will be used, employees should consider modifying voicemail greetings to be appropriate for receiving business calls.

Telecommuting employees remain obligated to comply with all company rules, practices and instructions.

[DATE]

To Whom It May Concern:

This letter is to certify that [employee name] is employed by [company name] at its facility located at [business address]. [company name] operations involve [description of the business's essential functions]. [company name] is considered part of the "critical infrastructure" in accordance with the U.S. Department of Homeland Security's list of Critical Infrastructure Sectors. DHS' guidelines state in relevant part that such critical employees "have a special responsibility to maintain your normal work schedule" and all such workers have been deemed essential under applicable state and local orders during the Covid-19 crisis.

Accordingly, [company name] must continue operations without interruption during the current pandemic, and [company name] has designated this employee as one of its personnel whose on-site access to the Company's facility at any time of the day or night may be essential to the Company's ability to carry out its essential business operations. This employee may also need to conduct periodic travel related to his role at [company name] including interstate travel.

If you have any questions about this letter, please contact [company contact and phone number/email]

Sincerely,

[company representative]

1. Planning and Communication

☐ Decide the right time to reopen

- ☐ Monitor federal, state, and local closure orders, re-opening guidelines, industry practices, and geographic considerations ([federal guidance](#))
- ☐ If enrolled in the SBA Paycheck Protection Program, remember employers have until June 30, 2020 to restore full-time employment and salary levels for changes made between February 15 and April 16, 2020

☐ Determine who should return to work first

- ☐ Identify essential business functions and essential employees
- ☐ In determining essential employees, consider the nature of the job, the functions of the position and ability to return to work safely
- ☐ Consider profitability of certain position to manage cash flow in the near term
- ☐ Consider structuring a phased ramp-up to limit the spread of the coronavirus
- ☐ Determine minimum staff necessary to sustain operations in the event of increased absenteeism
- ☐ Evaluate whether seniority or recall rights are implicated, including furloughs
- ☐ Remind all decision-makers in these decisions of nondiscrimination policies

☐ Prepare communication to employees regarding return to work

- ☐ Establish a return to work timeline
- ☐ Establish a plan for employees maintain communication with management
- ☐ Identify and explain to employees steps taken to ensure safety
- ☐ Review any applicable collective bargaining obligations to make changes to the workplace upon re-opening

☐ Develop a written protocol for confirmed or suspected COVID cases

- ☐ Protocol should include at minimum:
 - ☐ Employees should not come into work if sick
 - ☐ Identify necessary notification procedure if symptomatic
 - ☐ Designate point(s) of contact for reporting and questions
 - ☐ Communicate with employees impacted by potential exposure
 - ☐ Identify remedial sanitization measures for impacted employee(s)
 - ☐ Identify triggering events for quarantine procedure
 - ☐ Establish the duration of quarantine and conditions for return
- ☐ Assess reporting obligations under OSHA and state workers' comp. laws

☐ Anticipate employee anxiety, rumors, misinformation, and plan accordingly

- ☐ Leaders should be visible
- ☐ Communicate frequently with employees (low cost options may include anonymous surveys).

- ☐ Respond to questions with the information currently available, even if the answer is "we do not know right now" in order to dispel myths and rumors
- ☐ Remind employees of any existing Employee Assistance Programs
- ☐ Consider providing additional alternative resources (e.g. counseling, working parent discussion groups, etc.) to help employees manage stress and anxiety
- ☐ Prepare employer's response for possibility workers may refuse to work, simultaneously call in sick, strike or walkouts.
 - ☐ Train key management on protected concerted activity in a union and non-union setting

2. Workplace Safety

☐ Review applicable OSHA and CDC standards

- ☐ Monitor local and federal guidance for best practices and requirements for employers ([OSHA guidance](#), [CDC guidance](#))

☐ Take steps to make the workplace more safe

- ☐ To the extent possible, implement social distancing requirements, such as staggered shifts, breaks, spacing between desks and community areas
- ☐ Limit in-person meetings in favor of virtual meetings where possible
- ☐ Minimize physical contact (i.e. handshakes, cough etiquette, etc.)
- ☐ Limit or close off gatherings in common areas (e.g. breakrooms or kitchens)
- ☐ Intensify janitorial sanitation
- ☐ Make efforts to increase air exchange in the building, if possible
- ☐ Educate employees regarding best hygiene practices
- ☐ Promptly respond to any safety related concerns

☐ Consider whether face masks, gloves, or other protective equipment are mandatory or optional

- ☐ *If mandatory* - company must provide or reimburse employees for masks, gloves, and other protective equipment
- ☐ *If optional* - determine whether employer will place any limitations or restrictions on employee created protective equipment or the type of masks, gloves, or protective equipment permitted
- ☐ Ensure protective equipment does not otherwise pose a safety concern

☐ Consider temperature checks and COVID testing for employees and/or visitors

- ☐ Results of temperature checks are a medical record and (if recorded) must be treated with appropriate confidentiality and recordkeeping
- ☐ Consider whether screening time is compensable
- ☐ Assess the feasibility and advisability of conducting employer paid Covid-19 testing for employees

☐ **Create a policy restricting non-essential employee travel**

- ☐ Minimize non-essential travel for work
- ☐ Consider how essential travel is defined
- ☐ Consider mandatory notification of personal travel
- ☐ Implement additional documentation requirements for employee movement to make contact tracing more effective and accurate

☐ **Assess changes to hiring and training processes required by social distancing obligations**

- ☐ Train managers regarding “do’s” and “don’ts” of pre-employment inquiries concerning medical conditions

3. Leaves of Absence and Workplace Accommodations

☐ **Teleworking issues**

- ☐ Consider whether remote work is a necessary reasonable accommodation under the ADA or if a special accommodation is necessary for members of a vulnerable population.
 - ☐ For example, is there anything unique or special about the employee’s concern for returning to the workplace?
 - ☐ Is the employee in a protected class or high-risk population because of age or underlying health condition?
 - ☐ Is the employee caring for an individual in a high-risk population?
- ☐ Prepare a response to requests for continued remote work based upon the essential functions of the job
- ☐ Protect data from cybersecurity breaches with a teleworking workforce

☐ **Train management team to ensure understanding of new leave options, eligibility and retaliation concerns**

- ☐ Assess unused leave benefits available under the Families First Coronavirus Response Act (FFCRA)
- ☐ Consider eligibility for additional leave available, including leave under the FMLA
- ☐ Review applicable state or local paid sick leave laws and company vacation and sick leave policies
- ☐ Ensure management understands any negative comments about use of FFCRA leave may support claims of retaliation

☐ **Flexibility in leave policies**

- ☐ Consider new COVID policies relaxing preexisting leave policies that are explicitly intended to be temporary in duration

☐ **Openly communicate the company’s policies and position on leaves of absence**

- ☐ Create a clear process for requesting leave and identifying the amount of leave, if any, available

4. Employee Benefits and Compensation

☐ **Review whether any changes need to be made to health and welfare plans**

- ☐ Determine whether employees returning to work will need to re-enroll or update prior plan elections

- ☐ For cafeteria plans which may have offered individual spending accounts for a year, determine whether unused portions during an interim absence will be restored upon rehire
- ☐ Determine whether any probationary periods apply during which a rehired employee will not be covered (for instance, Union benefit programs)

☐ **Evaluate whether returning employees owe any portion of health care premiums while furloughed**

- ☐ Develop a reasonable plan for employee to pay back health care premiums, if necessary
- ☐ Consider state and local laws regarding wage deductions

☐ **Consider potential issues relating to retirement / pension plans**

- ☐ Determine whether employees returning to work will need to re-enroll or update prior plan pre-tax deferral elections
- ☐ Review retirement plans and consider whether there has been a break in service and, if so, what the implications might be (vesting, for instance)
- ☐ Evaluate the potential need for plan amendments to modify conditions for annual benefit allocations (e.g. minimum hours requirements)
- ☐ Manage administration of plan loan program for returning workers (e.g. restart wage deductions for loan repayments)

☐ **Review employee compensation and bonus programs**

- ☐ Determine if any changes to compensation must be made, and review applicable laws relating to notice of wage changes
- ☐ Calculate the effect of closure on existing bonus or incentive plans

5. Employee Morale

☐ **Communicate Regularly**

- ☐ Communicate the steps the company is taking to ensure safety
- ☐ Remind employees of benefits offered
- ☐ Request feedback and internalize it. Consider anonymous surveys as a low cost and effective mechanism to gauge what is working.

☐ **Address any health and safety concerns brought by employees promptly**

- ☐ Aim to respond to specific employee concerns promptly
- ☐ Establish a communication channels for employees to address concerns

☐ **Remind employees that discrimination and retaliation is strictly prohibited**

- ☐ Review non-discrimination policies and recirculate, as needed
- ☐ Train managers on how to respond to offensive or discriminatory comments regarding the coronavirus and certain groups of individuals

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**Responding to Covid-19
In The Workplace**

PROTOCOL FOR CONFIRMED OR PROBABLE CASE OF COVID-19 IN THE WORKPLACE

A. Contact Tracing

Contact tracing is an important part of the Company's safety and health program and its efforts to eliminate the spread of Covid-19 in the workplace.

Contact tracing responsibilities within the Company are delegated to the following department(s): [Human Resources/Safety/Medical].

In the event an employee of the Company tests positive or is probable for Covid-19, the Company shall follow the protocol below to identify other employees who may have been exposed and take appropriate steps to isolate them to prevent further spread of the virus.

1. Identify Contacts

- a. Interview positive or probable employee cases and help them identify the coworkers they were in close contact both within the workplace or outside the workplace during their infectious period (According to the CDC, individuals are capable of transmitting the virus 2 days before their symptoms start).
- b. Possible areas of exposure would include coworkers working in close proximity, shift changes, shared meeting rooms, break rooms, or locker rooms. Review exposure to coworkers who are also friends and family of the sick employee to identify possible worker exposure outside the workplace.

For purposes of this policy Close Contact is Defined as: (1) Being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time (usually 10-15 minutes) while they were symptomatic or in the 2 days prior to symptom onset; or (2) Having direct contact with infectious secretions of a COVID-19 case (e.g., being coughed on) while not wearing recommended personal protective equipment or PPE (e.g., gowns, gloves, NIOSH-certified disposable N95 respirator, eye protection).

- c. Use Company tools to identify coworker contacts with the infected employee. Review payroll records, access logs, or other records to cross-reference and identify potentially affected personnel.

2. Locate and notify contacts

- a. After identifying coworkers who may have been potentially exposed, the Company shall notify them as soon as possible of their potential exposure, and interview them to determine if they meet the requirements for a Close Contact. If the employee meets the definition of a Close Contact, the employee shall be isolated or quarantined as set forth below. If the employee is determined to not be a Close Contact of the sick employee, no immediate action shall be taken but the employee should be advised to monitor

symptoms and advise the Company immediately if he/she develops any symptoms of Covid-19.

- b. For all Close Contacts, the Company shall inquire whether the employee has any current or recent symptoms of Covid-19. If so, they should be directed to seek immediate medical attention and their return to work should be governed by the Company's sick leave and return to work policies. If the employee is asymptomatic, the employee should be asked to remain out of the workplace and self-quarantine for 14 days from the date of the Close Contact with the sick employee. If the employee does not develop any symptoms, the employee may be allowed to return to work.

3. Monitor contacts

The Company shall periodically monitor and check on the status of any employee who is asked to self-quarantine as a result of a Close Contact with a coworker who has tested positive for Covid-19. In the event a coworker in self-quarantine develops symptoms of Covid-19, the Company shall assume the coworker is also a positive case and shall restart the contact tracing protocol with respect to the affected coworker.

4. Protect Privacy

Ensure that all communications and records related to contact tracing are considered private and only shared with persons who have a need to know such information. All records should be stored in a private location and not in an employee's personnel file.

B. Take Steps to Thoroughly Disinfect Work Areas

- a. Identify all work locations for the infected employee and temporarily close those areas of operations. Increase ventilation to the extent reasonable and engage a company to thoroughly clean and disinfect the area (unless the employer has that expertise in-house) with chemical solutions sufficient to eliminate the virus.
- b. Employees in the affected work areas should be told not to report to work until they are notified the cleaning has been completed.

C. Consider Enhanced Screening Protocols and Distancing for Affected Work Areas

- a. If not already implements, consider implementing a temperature screening or enhanced symptom screening process.
- b. Review distancing arrangements and consider further opportunities to increase distancing between employees in work areas, break rooms, and common areas to at least 6 feet at all times.

- c. Review company policies on personal protective equipment and facial coverings and consider increasing such requirements in affected work areas for at least 14 days.

PROTOCOL FOR PERMITTING COVID-19 POSITIVE OR QUARANTINED EMPLOYEE TO RETURN TO WORK

The decision to discontinue home isolation for person with confirmed or suspected COVID-19 or who is quarantined due to potential exposure to COVID-19 should be made in the context of local circumstances. Options include **symptom based (i.e. time-since-illness onset and time-since-recovery strategy)** or a **test based strategy**. Implementing a test-based strategy is contingent on the availability of ample testing supplies and laboratory capacity as well as convenient access to testing. Requiring testing as a condition for return to work may also require the employer to pay for both the testing and the time spent by the employee.

This protocol includes a symptom-based form for returning employees to the workplace and a testing based strategy form so that you may utilize the option that works for your business. The first attachment is the symptom based strategy form and the second document attached is the test based strategy form. When utilizing the test based form, a COVID-19 positive employee should provide a copy of his/her test results with the completed form.

An employee must check all statements in the Section applicable to the employee to be permitted to return to work. If the employee cannot do so, the employee should be instructed that he/she has failed to meet the requirements to be permitted to return to work. In all cases, the employee should be instructed to consult with a healthcare provider for specific advice regarding their ability to return to work and that he/she will be permitted to return to work only upon presenting a written healthcare provider note authorizing the employee's return to work.

The completed form should NOT be placed in the employee's personnel file. Instead, these forms should be considered medical records and stored separately.

NOTE:

This form is NOT recommended for employers of healthcare personnel in close contact with vulnerable persons at high-risk for illness and death if those persons get COVID-19. Such employers should consult with counsel to develop a protocol with appropriate additional protections.

RETURN TO WORK CERTIFICATE FOR CONFIRMED OR SUSPECTED COVID-19 OR SELF-QUARANTINED EMPLOYEE

Please truthfully and accurately complete this form in order to confirm whether or not you may return to the workplace. You will be asked at the end of the form to certify your answers. Your health and safety and the health and safety of all of our employees is our number one priority. Therefore, it is of paramount importance that you truthfully answer these questions as a condition of your employment.

Employee Name (Print): _____

Please check the one statement that applies to your absence from work and follow the instructions therein.

_____ I have tested positive for COVID-19 and have experienced COVID-19 symptoms (such as fever, cough or shortness of breath). If you selected this entry, proceed to Section A below.

_____ I have tested positive for COVID-19 but have NOT experienced COVID-19 symptoms (such as fever, cough or shortness of breath). If you selected this entry, proceed to Section B below.

_____ I have NOT tested positive for COVID-19, but was ordered to self-quarantine by a health care provider due to my exposure to someone who tested positive for COVID-19. If you selected this entry, proceed to Section C below.

SECTION A.

Please check all statements that accurately reflect your current health condition:

_____ For at least 3 days (72 hours), I have not had a fever without the use of fever-reducing medications and if I experienced respiratory symptoms such as a cough or shortness of breath, those respiratory symptoms have improved.

_____ At least 10 days have passed since my COVID-19 symptoms first appeared.

Go to **Certification** at end of the form.

SECTION B.

Please check all statements that accurately reflect your current health condition:

_____ At least 10 days have passed since my first positive COVID-19 diagnostic test.

_____ I have NOT experienced any COVID-19 related symptoms (i.e. fever, cough or shortness of breath) since I was first tested positive for COVID-19. (If this statement does not apply to you, you must complete Section A above).

Go to **Certification** at end of the form.

SECTION C.

_____ I have self-quarantined for 14 days after my exposure to an individual who tested positive for COVID-19 or was suspected to be COVID-19 positive and during this period of time have not experienced COVID-19 symptoms (such as fever, cough or shortness of breath).

Go to **Certification** at end of the form.

CERTIFICATION

Please sign and date below if the following statement is accurate: I have completed this form accurately and truthfully. I have had the opportunity to consult with a representative of my employer if I had any questions about this form. I understand that providing truthful responses herein is a condition of my employment and failing to answer these questions truthfully may lead to discipline up to and including termination from employment.

Signature

Date

**RETURN TO WORK CERTIFICATE FOR CONFIRMED OR SUSPECTED COVID-19
OR SELF-QUARANTINED EMPLOYEE**

Please truthfully and accurately complete this form in order to confirm whether or not you may return to the workplace. You will be asked at the end of the form to certify your answers. Your health and safety and the health and safety of all of our employees is our number one priority. Therefore, it is of paramount importance that you truthfully answer these questions as a condition of your employment.

Employee Name (Print): _____

Please check the one statement that applies to your absence from work and follow the instructions therein.

_____ I have tested positive for COVID-19 and have experienced COVID-19 symptoms (such as fever, cough or shortness of breath). If you selected this entry, proceed to Section A below.

_____ I have tested positive for COVID-19 but have NOT experienced COVID-19 symptoms (such as fever, cough or shortness of breath). If you selected this entry, proceed to Section B below.

_____ I have NOT tested positive for COVID-19, but was ordered to self-quarantine by a health care provider due to my exposure to someone who tested positive for COVID-19. If you selected this entry, proceed to Section C below.

SECTION A.

Please check all statements that accurately reflect your current health condition:

_____ Without utilizing fever-reducing medications, I am not suffering from a fever and if I experienced respiratory symptoms such as a cough or shortness of breath, those respiratory symptoms have improved.

_____ I have negative results of an authorized test for detection of SARS-CoV-2 RNA for at least two consecutive specimens collected greater than 24 hours apart (total of two negative specimens). A copy of these test results is attached.

Go to **Certification** at end of the form.

SECTION B.

Please check all statements that accurately reflect your current health condition:

_____ I have negative results of an authorized test for detection of SARS-CoV-2 RNA for at least two consecutive respiratory specimens collected greater than 24 hours apart (total of two negative specimens). A copy of these test results is attached.

Go to **Certification** at end of the form.

SECTION C.

_____ I have self-quarantined for 14 days after my exposure to an individual who tested positive for COVID-19 or was suspected to be COVID-19 positive and during this period of time have not experienced COVID-19 symptoms (such as fever, cough or shortness of breath).

Go to **Certification** at end of the form.

CERTIFICATION

Please sign and date below if the following statement is accurate: I have completed this form accurately and truthfully. I have had the opportunity to consult with a representative of my employer if I had any questions about this form. I understand that providing truthful responses herein is a condition of my employment and failing to answer these questions truthfully may lead to discipline up to and including termination from employment.

Signature

Date

March 26, 2020

Name
Address
Address

Re: Notice Regarding COVID-19

Dear _____,

It has come to our attention that one of our employees is confirmed to have the COVID-19 infection. As you can understand, we must maintain confidentiality of this individual and their health information in accordance with federal guidance, so we cannot release any additional information regarding this person's identity.

It is important to us, however, that we share this information with you so that you can be fully informed and talk to a health care provider for advice, if necessary. We have reason to believe you may have had prolonged close contact with the affected coworker, given your position at the Company. Accordingly, pursuant to the CDC guidelines we recommend you self-quarantine for 14 days and take any necessary precautions, including consulting a medical provider. During the next 14 days, we ask that you work from home (if applicable) or that you utilize any available leave. You may be entitled to paid leave under federal law if a health care provider recommends that you self quarantine. Above all, if you are sick or have any Covid-19 symptoms, please advise your manager as soon as possible and refrain from coming to work.

Please contact your supervisor to discuss your plan to either work from home or your plan to utilize paid time off during all or part of the quarantine period.

Please know that the Company is committed to the safety of its employees and will be taking extra steps to fully clean and sanitize the affected work areas. We have taken steps to increase social distancing and hygiene measures, and are constantly reviewing our practices to ensure compliance with all government and health agency recommendations. We appreciate everyone's hard work to keep our employees and customers safe, and will continue to roll out additional steps if necessary to address this crisis.

If you have any questions regarding this Notice, you may contact the Human Resources department with specific questions at [insert email and phone number].

Sincerely,

March 26, 2020

Name
Address
Address

Re: Notice Regarding COVID-19 (no quarantine)

Dear _____,

It has come to our attention that one of our employees at your work location is confirmed to have the COVID-19 infection. As you can understand, we must maintain confidentiality of this individual and their health information in accordance with federal guidance, so we cannot release any additional information regarding this person's identity.

It is important to us, however, that we share this information with you so that you can be fully informed and talk to a health care provider for advice, if necessary. Although we have reason to believe you may have been exposed to the virus, we do not believe that you had close contact for a prolonged period of time with the affected employee. Accordingly, under the CDC Guidelines we do not believe that a self-quarantine is required, but do recommend that you monitor your health condition for symptoms, and follow the advice of any applicable health care professional. Above all, if you are sick or have any Covid-19 symptoms, please advise your manager as soon as possible and refrain from coming to work.

Please know that the Company is committed to the safety of its employees and will be taking extra steps to fully clean and sanitize the affected work areas. We have taken steps to increase social distancing and hygiene measures, and are constantly reviewing our practices to ensure compliance with all government and health agency recommendations. We appreciate everyone's hard work to keep our employees and customers safe, and will continue to roll out additional steps if necessary to address this crisis.

If you have any questions regarding this Notice, you may contact the Human Resources department with specific questions at [insert email and phone number].

Sincerely,

GUIDELINES TO DETERMINE IF COVID-19 CASES SHOULD BE RECORDED

Is your establishment required to keep OSHA injury and illness records?

If no, confirmed COVID-19 cases do not need to be recorded on the OSHA 300 log and an OSHA 301 incident report form does not need to be completed.

Generally, *unless employers are asked in writing to do so by OSHA, the Bureau of Labor Statistics (BLS) or a state agency operating under the authority of OSHA or the BLS*, employers are not required to keep OSHA injury and illness records if it employed 10 or fewer employees at all times during the previous calendar year; or

Establishments in certain-low hazard industries partially exempt from routinely keeping OSHA injury and illness records based on their NACIS code. A link to the partial exempt industries is found at:

<https://www.osha.gov/recordkeeping/ppt1/RK1exempttable.html>

If your business is required to keep OSHA injury and illness records then:

COVID-19 cases are recordable if all of the following conditions are met:

1. The case is a confirmed case of COVID-19 (see [CDC information](#) on persons under investigation and presumptive positive and laboratory-confirmed cases of COVID-19);
2. The case is *work-related* (as defined by [29 CFR 1904.5](#)); and
3. The case involves one or more of the general recording criteria set forth in [29 CFR 1904.7](#) (e.g., medical treatment beyond first aid, days away from work).

Accordingly, the employer would need to conduct a work-related root-cause analysis if conditions 1 and 2 are met. OSHA requires employers to make a reasonable fact based determination on work-relatedness which takes into account the employer's size, *i.e.*, smaller employers will have an easier burden to satisfy. This inquiry should be documented. OSHA does not require employers to undertake extensive medical inquiries as part of this process. In most cases, OSHA states that an employer can satisfy its obligation by doing the following:

- Ask the employee how he believes he contracted COVID-19.
- While respecting employee privacy, discuss with the employee his work and out-of-work activities that may have led to the COVID-19 illness.
- Review the employee's work environment for potential SARS-CoV-2 exposure. This should include reviewing information of other employees in the workplace contracting COVID-10, *i.e.*, whether there is a cluster of employees testing positive and their level of contacts with each other.

Evidence that a COVID-19 illness is work-related should be based on evidence reasonably available to the employer at the time it made its work-relatedness determination. If

the employer subsequently learns more information related to the illness, than that information should be taken into account and documented and will be considered in determining whether an employer made a reasonable work-relatedness determination.

OSHA has stated the following factors would serve as a helpful checklist to determine work-relatedness:

Evidence Supporting Work-Relatedness:

- Several cases developing among workers who work closely together and there is no alternative explanation. Alternative explanations might include that the employees live-together and/or commute together.
- If contracted shortly after lengthy, close exposure to a particular customer or coworker who has a confirmed case of COVID-19 and there is no alternative explanation.
- If the employee's job duties include having frequent, close exposure to the general public in a locality with ongoing community transmission and there is no alternative explanation.

Evidence Against Work-Relatedness:

- If the employee is the only worker to contract COVID-19 in her vicinity and her job duties do not include having frequent contact with the general public, regardless of the rate of community spread.
- If the employee, outside the workplace, closely and frequently associates with someone (*e.g.*, a family member, significant other, or close friend) who (1) has COVID-19; (2) is not a coworker, and (3) exposes the employee during the period in which the individual is likely infectious.

OSHA will give due weight to any evidence of causation pertaining to the employee's illness provided by medical providers, public health authorities or the employee him/herself. Accordingly, any such evidence should be considered.

If, after the reasonable and good faith inquiry described above, the employer cannot determine whether it is more likely than not that exposure in the workplace played a *causal role* with respect to a particular case of COVID-19, the employer does not need to record that COVID-19 illness.

If the employer is required to record, cases should be recorded as a "respiratory illness" and employers need to be mindful of privacy issues. Generally, OSHA requires the employee's name to be entered on the OSHA 300 log. However, there are exceptions for a "privacy case" set forth in 29 CFR 1904.29 (b)(7) (i) – (vi). Although the regulation identifies certain infectious diseases within the exception, *i.e.*, HIV infection, hepatitis, or tuberculosis, the regulation also makes clear that the enumerated exceptions are meant to be a complete listing of the exceptions. As COVID-19 is not on the list, it does not qualify as a privacy case, *per se*. Notwithstanding this fact, the regulation further state that other "illnesses" may exclude the employees name if the "employee voluntarily requests" that his/her name not be entered on the log. *See* 29 CFR

1904.29(b)(7)(vi). Thus, employers should ask the employee whether he/she would like his/her name redacted from the OSHA log for privacy reasons. If so, the employer should enter “privacy case” in the space normally used for the employee’s name and additional record keeping obligations will be triggered, *e.g.*, keeping a separate, confidential list of the case numbers and employee names for these privacy concern cases.

For OSHA’s latest enforcement memo on recording COVID-19, please see:

<https://www.osha.gov/memos/2020-05-19/revised-enforcement-guidance-recording-cases-corona-virus-disease-2019-covid-19>

WHISTLEBLOWER/SAFETY COMPLAINT POLICY

[The Company] (“Company”) maintains a standard of strict compliance with all applicable laws, regulations and rules. All officers, managers, employees and other agents of the Company are expected to contribute to this process by promptly and appropriately reporting any concern about health and safety in the workplace or any practice or circumstance likely to create a violation of any law, regulation or rule concerning the Company or its activities.

In order to help ensure that employees of the Company are secure in making reports, know how to go about doing so, and understand that they may do so on an anonymous basis if they so choose, the Company has adopted this Whistleblower Policy.

How to Report Concerns

In most cases an employee should make a report to his or her supervisor. Any manager or supervisor shall promptly notify the Director of Human Resources and/or the Safety Director whenever a report under this policy is made. If an employee does not feel free to discuss the matter with his or her supervisor, or has already done so and the supervisor’s response has been unsatisfactory, then the employee may directly contact the Director of Human Resources.

As a general rule, reports should be filed with appropriate persons within the Company, so that investigations may be carried out and any corrective measures taken promptly and internally. If an employee believes that any facts or circumstances pose an imminent threat of injury to persons or property, and civil authorities outside of the Company are best equipped to diffuse such threat quickly, then the Employee should immediately contact those outside authorities, for example, emergency services personnel or police officers.

Complaints About Unsafe Work Conditions

If an employee makes a complaint about an unsafe working condition or workplace hazard, the manager should take appropriate steps to temporarily mitigate or eliminate the unsafe condition or hazard until the complaint can be investigated by the appropriate personnel.

If the safety complaint cannot be temporarily mitigated or eliminated, the employee should be re-assigned to an alternate duty or temporarily placed on leave until the complaint can be investigated and resolved.

Anonymity and Confidentiality

An employee may choose to submit a report anonymously. The Company shall give a report filed anonymously full weight and consideration, and shall investigate the facts alleged in the report as thoroughly as circumstances allow.

All reports shall be treated as confidential, to the extent possible. Information in the report, including the identity of the individual making the report, shall be shared only as

necessary to the conduct of an effective investigation and the determination of appropriate corrective action. Those conducting an investigation on behalf of the Company shall make every reasonable effort to avoid revealing the identity of the reporting individual to any individual who is a subject of the investigation.

No Retaliation

No employee shall be discharged, suspended, demoted or suffer any other adverse employment consequence for submitting any report in good faith. Any individual who retaliates in any fashion against an employee, for making a report in good faith, is subject to discipline up to and including termination.

An individual shall be deemed to have made a report in good faith if he or she had reasonable grounds for believing that the report was true and not misleading. An employee who makes a report without reasonable grounds for believing the report to be true shall be subject to discipline and shall not enjoy protection pursuant to this Policy.



Furloughs and Recalls

TEMPLATE FURLOUGH RECALL LETTER

[COMPANY LETTERHEAD]

[DATE]

Dear [NAME]:

First and foremost, we hope that you and your loved ones have remained well in the midst of the ongoing pandemic. I am writing to notify you that we are in the process of reopening the workplace, and are recalling you to work in your position as [job title] at \$[pay rate/salary range]. We are requesting that you return to work on [DATE].

Please be assured that your health and safety are of the utmost priority to [COMPANY]. Thus, we are taking precautions to provide a safe return to work, including but not limited to: [INSERT BULLETED LIST OF PRECAUTIONS BEING TAKEN].

[FOR EMPLOYERS REQUIRING A MEDICAL QUESTIONNAIRE: Before you are permitted to return to work, we are requesting that you complete the enclosed medical questionnaire and return it to me by [DATE]. If, based on your questionnaire responses, it is not safe for you to return to work at this time, the [COMPANY] reserves the right to take appropriate remedial action, including, but not limited to, delaying your start date until such time as it is safe for you to return to work.

Please notify us if you accept our offer by contacting me in writing on or before [DATE]. If we do not hear from you by [TIME / DATE], we will understand that you do not accept this recall offer and will process the separation of your employment from [COMPANY] as a job abandonment.

[SIGNATURE BLOCK]

RETURN TO WORK FROM FURLOUGH POLICY

This policy applies to all employees returning from furlough and is intended to provide clarity on the return to work process for impacted employees. ***[This policy is intended to be temporary in duration and a direct response to the COVID-19 pandemic.] [Insert appropriate language concerning provisions of collective bargaining agreements.]***

The Company will recall furloughed employees according to the following order:

- Employees essential for business operations, as determined by the Company's sole and unilateral discretion.
- ***[Employees job classification]***
- ***[Employees length of service with the Company]***
- ***[Insert appropriate language concerning provisions of collective bargaining agreements and amend recall order as necessary.]***

In conjunction with the Company's policies and actions taken to protect the safety and well-being of its employees, including its enactment of Employee Distancing, Hygiene and Mask Policy, all returning employees are required to complete a medical questionnaire and, if appropriate, additional diagnostic testing as a condition of employment. Any recalled employees who refuse to complete the medical questionnaire, diagnostic testing, or refuse to appear for work as requested, will be considered a job abandonment and voluntary resignation.

Nothing in this policy is intended to, or does in fact, alter or amend the any employee's "at-will" status or the Company's discrimination and retaliation policies. The Company expressly prohibits any conduct that may rise to the level of discrimination or harassment based upon any protected characteristic as defined by federal, state or local law, as applicable.

Employee Benefits and Compensation – Return to Work Checklist

1. Health and welfare plans (general administrative/operational):

- ☐ Determine whether employees returning to work will need to re-enroll or update prior health and welfare benefit plan elections.
 - ☐ Will elections in place before the furlough automatically be reinstated (e.g. single coverage, family coverage, etc.)?
- ☐ Determine whether employees returning to work are eligible for coverage immediately upon re-hire or whether any probationary periods apply during which a rehired employee will not be covered.
 - ☐ Confirm date of coverage with insurance carriers (for fully-insured programs) and stop-loss carriers (for self-funded programs).
 - ☐ Confirm date of coverage under any Union-managed plans.
- ☐ Determine how Flexible Spending Accounts will be handled upon return.
 - ☐ Does the “use-it-or-lose-it” rule apply or will the unused account balance, if any, at the time when employment previously ended be “restored” upon return to work?
- ☐ Determine whether employees returning to work are subject to restarting at the full annual co-pay and deductible limits under the health plan or whether returning employees get “credit” for prior co-pays and deductibles paid during the year.

2. Health Care premiums - evaluate whether returning employees owe any portion of health care premiums for coverage while furloughed:

- ☐ Does the employee owe any “catch-up” contributions? If so, develop a reasonable plan for the employee to pay back health care premiums.
- ☐ Consider state and local laws regarding wage deductions.

3. Retirement / Pension Plans (general administrative and operational):

- ☐ Determine whether employees returning to work will need to re-enroll or update prior pre-tax 401(k) deferral elections.
- ☐ Review retirement plans and consider whether there has been a break in service and, if so, what the implications might be (vesting, for instance).
- ☐ Evaluate the potential need for plan amendments to modify and ease the “minimum service” conditions for vesting or annual benefit allocations in 2020 (ex.: lower or temporarily suspend any minimum hours requirements (1000 hours)).
- ☐ Manage administration of plan loan program for returning workers (ex.: restart wage deductions for loan repayments)

- ☐ Determine whether loan repayment period will be extended or re-amortized over the original repayment period.
- ☐ Consider whether loan repayments due between March 27, 2020 and December 31, 2020 can be delayed one year.
- ☐ Consider whether the retirement plan will be amended to allow COVID-19 hardship distributions.
 - ☐ Plan sponsors may, but are not required to, allow special COVID-19 distributions to those who are affected by the crisis.
 - ☐ Up to \$100,000 can be withdrawn without 10% early withdrawal penalty.
 - ☐ Participants can repay the distribution to the retirement plan over 3 years to avoid income on the distribution.
- ☐ Consider whether a partial 401(k) plan termination has occurred (generally requires a 20% or greater reduction in force and triggers 100% vesting for those who are affected participants).

4. Compensation and Bonus Programs:

- ☐ Determine if any changes to compensation must be made, and review applicable laws relating to notice of wage changes.
- ☐ Calculate the effect of mid-year furlough/closure on existing bonus or incentive plans.
 - ☐ Did the furlough constitute a termination without cause under a deferred compensation or equity plan?
 - ☐ Did the furlough trigger a right to payment or right of exercise under a deferred compensation or equity plan?

5. Review/Update Plan Documents (adopt amendments to all employee benefit plan documents to capture special rules, conditions or provisions that arose because of the COVID-19 crisis):

- ☐ If health and welfare coverage was maintained during the furlough, confirm whether the plan document needs to be updated to provide for this coverage.
- ☐ If flexible spending accounts were given special treatment, confirm whether the Section 125 cafeteria plan document needs to be amended.
- ☐ If 401(k) loan repayments were suspended or COVID19 hardship distributions allowed under the 401(k) plan, confirm that the plan document is amended.

COVID-19 Self-Screening Questionnaire / Form

The health and safety of our employees, clients, vendors and visitors remain our top priority. As the NovelCoronavirus-2019 (COVID-19) pandemic continues to evolve and spread globally, we continue to monitor the situation closely and may periodically update company guidance based on current recommendations from the federal Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO).

To prevent the spread of COVID-19 and reduce the potential risk of exposure to our employees and visitors, we are instituting a screening questionnaire and medical symptom check. Your participation is important to help us take precautionary measure(s) for the health and safety of everyone.

Employee Name:	
Date:	Time:
Mobile/Phone:	Department:

CURRENT SYMPTOMS

1. In the past 72 hours, have you experienced:

– Fever (100.4 or above)

☐ Yes

☐ No

– Cough

☐ Yes

☐ No

– Shortness of Breath

☐ Yes

☐ No

– Chills

☐ Yes

☐ No

– Fatigue

☐ Yes

☐ No

– Muscle Aches and Pains

☐ Yes

☐ No

– Sore Throat

☐ Yes

☐ No

– Headache

☐ Yes

☐ No

- New Loss of Taste or Smell

☐ Yes

☐ No

If you answered “yes” to any of the symptoms listed above, do not go into work and immediately contact Human Resources. Self-isolate at home for a minimum of 14 days and contact your primary care physician’s office for direction. You should also have 3 days in a row without fevers (without the use of medicine) and improvement in respiratory symptoms before returning from self-isolation.

If symptoms such as shortness of breath are due to a known, non-worsening chronic condition, mark “No”.

ADDITIONAL EXPOSURES

2. Within the last 14 days, have you had close contact with or cared for someone diagnosed with COVID-19 with or whom you suspect may have COVID-19 within the last 14 days?

☐ Yes

☐ No

3. In the last 14 days, have any of your family members or close contacts experienced any of the following symptoms: fever, cough, sore throat, respiratory illness, or difficulty breathing?

☐ Yes

☐ No

4. In the last 14 days, have you returned from any of the countries listed on the [CDC website](#) as the highest risk of transmission (Level 3)?

☐ Yes

☐ No

5. In the last 14 days, have you travelled out of this State?

☐ Yes

☐ No

If yes, please state which city and state you have traveled and the purpose of your trip:

City: _____ State: _____

Purpose: _____

6. I acknowledge that if for any reason my answers to my questions above would change (e.g. if you exhibit any new or different symptoms, a country I have visited is added to the CDC list, a new diagnosis is made of a personal contact, etc.), then I will immediately notify Human Resources.

☐ Yes

If you answered “yes” to questions 1 – 5 above, please contact Human Resources and await further instruction and/or follow-up information requests.

By signing below, I acknowledge and agree that:

- I have truthfully answered all the questions on this questionnaire to the best of my knowledge. I further agree to check my temperature and symptoms daily to determine if my answers to this

questionnaire need to be amended or supplemented.

- I will be subjected to temperature and general wellness checks, and may be subjected to diagnostic testing, as a condition of employment and prior to commencing work duties at the site. **I agree that if determined necessary in the sole judgement of onsite clinical personnel, based on clinical symptoms, medical history, travel history or any other objective or subjective indicator(s), I will submit to COVID-19 diagnostic nasal swab testing.**
- I acknowledge that if my temperature exceeds 100.4 °F, or if I exhibit symptoms of COVID-19 as described above, or a diagnostic test returns positive for COVID-19, my access may be denied to the worksite and I will not be eligible to return until I receive a written release from a medical doctor verifying to the Company (in its sole discretion) I am not infected with COVID-19.

Signature:

Date:

EMPLOYER QUESTIONNAIRE
Voluntary Quit - Personal Reasons
(PENNSYLVANIA ONLY)

Claimant _____ Social Security No. _____

Employer's Name:

Employer's Address:

Employer's Telephone No.

Employer's FAX No.

In order to determine the claimant's eligibility for Unemployment Compensation ("UC"), it is requested that you answer the following questions:

1. What was the claimant's: first date worked? _____ Last date worked? _____
2. Did the claimant earn more than \$_____ during most recent period of employment?
____ Yes ____ No If No, the amount earned was \$ _____
3. Was the claimant's job a full-time or part-time job? ____ Full-time ____ Part-time
If Part-time, please list the claimant's hourly earnings and the average number of hours that the claimant worked per week.
4. Was the job temporary or permanent? ____ Temporary ____ Permanent
If Temporary, on what date would the job have ended?
5. Did the claimant voluntarily quit or take a leave of absence?
____ Voluntary Quit ____ Leave of Absence
If Leave of Absence, the leave began on _____, and ended, or is expected to end on _____

For UC purposes, a leave of absence is considered a quit for the period of the leave of absence.

6. Please indicate the reason the claimant voluntarily quit or took a leave of absence.
____ Personal Reasons, ____ Other, ____ Unknown
If Other, please list the reason(s) that the claimant voluntarily quit or took a leave of absence.

(Use if employee refused to return from furlough) The employee was recalled to work on _____, but did not appear for work. The employee (DID/DID NOT) explain his/her reasons for not showing up for work. The employer considers this a job abandonment.

7. Was continuing work available had the claimant not voluntarily quit or taken a leave of absence? x Yes ____ No
8. Prior to the separation, did the claimant discuss the situation with you, or make any other attempts to resolve the situation that caused him/her to voluntarily quit or take a leave of absence? ____ Yes ____ No If yes, please explain

9. Do you want to provide any **additional information** that you feel may have a bearing on the claimant's eligibility for unemployment compensation?

Claimant's Name _____ Social Security No. _____

I certify that the information I have provided is true and correct.

Employer information provided by telephone to UC Representative:

By _____ Title _____ On _____

Employer's Telephone No. _____ Employer's FAX No. _____



Instructions for Submitting: Submit the completed form using our secure [File Transfer Utility tool](#) only. The recipient email address is DES.WorkRefusal@Illinois.gov. This is for notifying the agency of work refusals ONLY. Other documents, emails or requests will not be accepted. Include as many workers as you are aware on one submittal. If later you need to protest additional workers, please remove any that were previously reported.

--

[illegible]

General Refusal to Return to Work Form:

Claimant Name: _____

Claimant SSN: _____

Employer Name: _____

Employer Address: _____

1. Claimant Refused offer to return to work on [DATE].
2. Offer to return to position was conveyed to the Claimant [in person / on the phone / in writing] on [DATE].
3. Is there verification that the Claimant received the offer? [Yes/No] [IF IN WRITING ATTACH TO FORM RESPONSE]
4. Was job title offered to Claimant same as previous? [Yes/No]
5. If no, job title offered to Claimant: _____
6. Was job title offered to Claimant same as previous? [Yes/No]
7. Work Location: _____
8. Was work schedule offered to Claimant same as previous? [Yes/No]
9. If no, what work schedule was offered to Claimant: _____
10. Was the number of hours per week offered to Claimant same as previous? [Yes/No]
11. If no, how many hours per week were offered to Claimant: _____
12. Was rate of pay offered to Claimant same as previous? [Yes/No]
13. If no, what rate of pay was offered to Claimant: _____
14. Reason(s) Claimant gave for refusing to return to work: _____

Privileged and confidential
Attorney client communication

MEMORANDUM

TO:	
FROM:	
DATE:	
RE:	Legal Advice on Logistics and Implementation of RIF
COPY:	

Set forth below are considerations for the logistics and implementation of the job actions arising from the RIF.

	<u>Task</u>	<u>Date</u>
1.	Identify outplacement services (if offered)	
2.	Contracts with outplacement services.	
3.	Select dates for notification. (Assess how many meetings can take place per day, whether there will be individual meetings or groups, what groups, what meetings will take place at same time)	
4.	Do we need separate dates for contractor separations and who will do them?	
5.	Identify conference rooms and draft schedule of meetings.	
6.	Assign HR staff to attend notification meetings.	

7.	Identify SMT (or others) who will do notifications with HR.	
8.	Identify process (who/how/when) each employee will be escorted to conference room.	
9.	Are there VISA issues that need to be addressed? (transportation to home country, etc.)	
10.	Prepare and assemble packets (releases, outplacement, etc.) for each employee.	
11.	Consider whether to give release document at termination meeting because it will have OWBPA data identifying positions/titles of others to be separated. Alternative is to give individualized sheet listing benefits and mail releases.	
12.	Consider use of internal and/or external security (to be on site near meetings, extra presence at HQ buildings and parking areas, extra presence for following few days).	
13.	Consider training for participants on recognizing violence.	
14.	Will employee be escorted off property immediately (what if need to get car keys, purse, etc.).	
15.	Arrangements for return of personal belongings (mail later, allow person to come in on weekend, etc.).	
16.	Arrangements for discontinuing computer and other access when person at notification meeting.	
17.	Are there affected employees in other locations?	
18.	Final paychecks.	

Memorandum

Page 3

19.	How to handle employees who are not at work on notification day.	
20.	Identify contact person(s) for questions (i.e., COBRA, benefit issues, unemployment compensation, questions about release agreements, etc.	
21.	COBRA notices	

MEMORANDUM TO FILE

**PPP Loan Forgiveness
FTE Reduction Exception – Offer of Rehire/Non-Acceptance**

Employee Name:	
ID. No.:	Position:
Department:	Manager:

1. On [Date], the Company made a good-faith, written offer to rehire [Employee Name] effective on [Date], which is within the Covered Period for the Company's Paycheck Protection Program loan.

The written offer to rehire is attached to this Memorandum:

☐ Yes

☐ No

2. In response to the Company's written offer to rehire, which was delivered to employee's address on record:

The employee failed to respond within a reasonable time period (state number of days):

☐ Yes

☐ No

-OR-

The employee rejected the offer to rehire:

☐ Yes

☐ No

The rejection was oral:

☐ Yes

☐ No

The rejection was written, and a copy of the written rejection is attached to this Memorandum:

☐ Yes

☐ No

-OR-

The employee accepted the offer to rehire:

Memorandum

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☐ Yes

☐ No

HR Signature:

Date:



Employee Medical Screening/Testing

EMPLOYEE TEMPERATURE SCREENING POLICY

As a result of the continuing pandemic of COVID-19, The Company is implementing a policy requiring temperature screening of all individuals, employees, contractors and others who will be entering any company facility. This policy will remain in place for the indefinite future until public health authorities indicate that the COVID-19 pandemic is no longer a threat. The purpose of this policy is to ensure the safety of employees who are reporting to work and to maintain continuity of essential business operations.

Employees who are required to report to work are [*ENCOURAGED/REQUIRED*] to monitor their temperatures on a daily basis and directed not to report to work if their temperature is above 100.4°F. An employee who is self-monitoring their temperature and has a fever above 100.4°F, should notify their immediate supervisor that they will not be arriving for work as scheduled due to a fever. Employees who self-report symptoms will be paid in accordance with the Company's sick leave policy and any applicable state or federal law.

Employees and others entering Company facilities will enter through a designated entrance where they will be required to submit to temperature screening conducted by appropriately trained personnel. All persons screened must maintain appropriate safe social distance (i.e. at least 6 feet) while being screened and wear masks during the screening process.

Listed below are additional details regarding the Company's testing protocol:

- Screening will be performed using approved temperature measuring devices.
- Individuals conducting temperature screenings will wear appropriate personal protective equipment and will themselves be subject to the testing requirements.
- Any employee who refuses a temperature screen will be treated as a failure of the screening process and denied entry to the facility. Any employee who refuses a temperature screen will not be paid for the day they reported to work unless required by any applicable federal or state law.

- Employees who have bona fide concerns about any part of the Company's screening process or who wish to make a request for accommodation should immediately raise such issues with the Company's Human Resources department.
- Employees whose temperature is at or above 100.4°F will be allowed to immediately retest at either the primary or secondary testing area. Employees with a temperature at or above 100.4°F will be denied entry to the facility and will be requested to discretely leave the screening area immediately.
- Employees whose temperature is measured at or above 100.4°F will be advised to contact the Human Resources department to discuss next steps, including seeking medical evaluation and any required documentation for a return to work.
- Employees whose temperature is at or above 100.4°F will be paid in accordance with the Company's sick leave policy and any applicable state or federal law for the day that they reported to work.

COVID-19 EMPLOYEE SELF-SCREENING FORM

Employee Name:	
Date:	Time:

1. In the past 24 hours, have you experienced (please mark a check in either the “yes” or “no” column):

SYMPTOM	YES	NO
Cough		
Shortness of Breath		
Fever (100.4° F or above)		
Chills		
Fatigue		
Muscle Aches and Pains		
Sore Throat		
Headaches		
New Loss of Taste or Smell		

If you answer “yes” to any of the symptoms listed above, or your temperature is 100.4° F or higher, do not go into work. Immediately contact Human Resources for further instruction. You may also be asked to self-isolate at home and contact your primary care physician’s office for direction.

2. Within the past 7 days, have you:

Had close sustained contact (within 6 feet for more than fifteen minutes) with an individual who had symptoms of, tested positive for, or was diagnosed with COVID-19?

☐ Yes ☐ No

If you answer “yes” to this questions, please contact Human Resources before going to work.

3. Self-Administered Temperature Check (Optional)

Please provide the readings of two self-administered temperature screenings taken within last 12 hours:

Screening#1: Time: _____ Temperature: _____

Screening #2:Time: _____ Temperature: _____

COVID-19 Employee Health Screening Log for Onsite Screening

Person Completing Form _____ **Date** _____

Screen each employee for symptoms before they start their shift. Circle an answer (y=yes, n=no) for each symptom for each employee. If an employee reports any of the symptoms:

1. Send employee home immediately.
2. Notify the Human Resources Department.

[illegible]

CONSENT AND RELEASE FORM FOR HEALTH SCREENING

1. **Purpose of the Screening.** Because the Centers for Disease Control and Prevention (CDC) and state and local health authorities have acknowledged community spread of COVID-19, the respiratory illness caused by the coronavirus, and have issued related precautions, [Company Name] (“Company”) will be measuring employees’ body temperature and conducting other screening for symptoms in an attempt to minimize the risk of COVID-19 infection and maintain a safe work environment.
2. **Explanation of the Screening.** This health screening may include temperature checks, which will occur upon entry to the workplace, or at other times deemed appropriate by the Company. You are strongly encouraged to ask questions of the screening staff if you do not understand the procedures to be performed.
3. **Confidentiality and Use of Personal Information.** By participating in this health screening, you are granting permission to Company to use the information to determine whether you may safely enter the workplace, as well as, if needed, contacting emergency medical assistance on your behalf if warranted, in the sole discretion of Company.

You may revoke this authorization of consent by providing written notice to Company at any time, however you may not be allowed to enter the workplace without screening. Any personally identifiable health information obtained in conjunction with your health screening will be protected and only be used for legitimate business purposes and in accordance with applicable laws pertaining to the use of personal health information.

4. **Responsibilities of the Participant.** By choosing to participate in this screening you acknowledge that you may be questioned about symptoms commonly associated with COVID-19, including fevers, shortness of breath while participating in low-level activity, heaviness in the chest, and dry or sore throat. You should promptly report these and any other unusual symptoms before, during, and/or after your temperature screening.
5. **Accommodation.** You have been advised that you have a right to request a reasonable accommodation if there is a legitimate medical reason why you cannot participate in the health screening, or if you have a non COVID-19 related health condition that might cause you to exhibit symptoms similar to COVID-19, like a fever.
6. **Release of Claims.** You understand that your screening results are intended to be used for virus spread prevention purposes only and are not designed to replace the care or advice of a medical provider.

YOU HEREBY RELEASE COMPANY AND ALL OF ITS PERSONNEL AND AGENTS FROM ANY AND ALL DAMAGES AND CLAIMS CAUSED BY OR RESULTING FROM YOUR PARTICIPATION IN THIS HEALTH SCREENING.

THIS RELEASE SHALL ALSO BE BINDING UPON YOUR HEIRS, EXECUTORS, AND ADMINISTRATORS.

Employee Name

Date

Signature of Employee

Date

Employee Temperature-Screening Record

If an employee's body temperature is at or above 100.4 degrees Fahrenheit, the employee must be sent home immediately and the following record completed.

Employee name: _____

Job title: _____

Supervisor's name: _____

Recorded temperature: _____

Does the employee have any explanation for the fever other than Covid-19 infection? If so, document reasons provided by the employee.

Are visible signs of respiratory illness present? _____ Yes _____ No

If so, describe symptoms _____

Are other visible signs of COVID-19 present? _____ Yes _____ No

If so, describe symptoms _____

An employee sent home with a fever shall be advised as to the following:

- The employee should immediately contact the Company's Human Resources Department to discuss next steps and any return-to-work requirements. Contact information should be provided, if necessary.
- If there is any non Covid-19 related reason why the employee has a fever, the employee should provide that information to the Human Resources Department (if not already provided).
- The employee will be paid for the shift in accordance with the Company's sick leave policy and any applicable local, state or federal laws.

The employee will not be discriminated against based on the failure of the temperature screening, and the company will take reasonable steps to protect the confidentiality of the screening results.

Screened By:	Date
Employee Acknowledgment	Date

COVID-19 TESTING/SCREENING PROTOCOL GUIDANCE FOR EMPLOYERS

To protect employees and prevent transmission of the virus in workplaces, during this COVID-19 pandemic, employers should implement policies and procedures regarding who should be tested and screened for COVID-19 and its symptoms, and when the testing/screening should occur. Below is general guidance for employers on this issue. (The specific types of tests/screens (*e.g.*, temperature checks, symptom screening, viral test, antibody test) and how the tests/screening should be administered are not covered in this guidance.) All testing/screening must be consistently applied, and done in accordance with federal, state and local laws and ordinances.

STATUS OF INDIVIDUAL TO BE TESTED	WHEN TO CONDUCT A TEST/SCREENING
PROSPECTIVE EMPLOYEES	<ul style="list-style-type: none">● Pre-employment, Post Offer After a conditional offer of employment, an employer may conduct a medical examination, including both temperature screening and Covid-19 testing. If a prospective employee or a furloughed employee fails to pass the applicable testing, the employer may either delay the start date, or even rescind the conditional offer of employment if the position needs to be filled immediately.● When Employer has a Policy Requiring all Individuals Entering its Property to be Tested If an employer requires all persons entering its property to have their temperatures checked, the employer can also require applicants/prospective employees to have their temperatures checked before providing them with a conditional offer of employment.

CURRENT EMPLOYEES	<ul style="list-style-type: none"> ● Beginning of Work Day/Shift <p>Employers are permitted to check employees' temperatures and ask employees whether they are experiencing any COVID-19 symptoms, such as a fever, chills, cough, shortness of breath, body aches, sore throat, new loss of taste or smell, or other symptoms identified by the Centers for Disease Control and Prevention (CDC) or other public health authorities. Employers may require that employees answer questions or provide certifications concerning their experience of any COVID-19 symptoms or their exposure to individuals with confirmed cases.</p> <ul style="list-style-type: none"> ● When Employer Believes, based on Objective Evidence, that the Employee is Exhibiting COVID-19 Symptoms and Therefore the Employee Poses a Direct Threat to his or her Safety/Health or to the Safety/Health of Others <p>The CDC recommends that employees who are exhibiting COVID-19 symptoms should not be at work. If an employee is showing such symptoms, the employer should immediately send the employee home. In this case, additional testing/screening (other than the employer's observation) would be unnecessary.</p> <ul style="list-style-type: none"> ● Before Employee Returns to Work after Experiencing COVID-19 Symptoms <p>Employers may require the employee to certify they are no longer symptomatic or require the employee to provide a note from a medical provider certifying fitness to return to work. This could be a signed certification by a telemedicine appointment rather than an in-person consultation, depending on the circumstances. The CDC has recommended flexibility, as employees may not have reliable access to physical doctor offices in certain parts of the country.</p> <p>If not satisfied with the certification or documentation provided by an employee, Employers may also lawfully require an employee who has displayed Covid-19 symptoms to take a Covid-19 test, and pass, before being</p>
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	<p>allowed to return to work. In such cases, the employer may be obligated to pay for both the testing and the time spent on the test.</p> <ul style="list-style-type: none"> Before Employee Returns to Work after Testing Positive for COVID-19 <p>Employers should require the employee to provide a note from a medical provider certifying fitness to return to work. This could be a signed certification by a telemedicine appointment rather than an in-person consultation, depending on the circumstances. The CDC has recommended flexibility, as employees may not have reliable access to physical doctor offices in certain parts of the country.</p> <p>If not satisfied with the certification or documentation provided by an employee, Employers may also lawfully require an employee who has previously tested positive for Covid-19 to demonstrate that he/she is no longer contagious through one or more negative results, before being allowed to return to work. In such cases, the employer may be obligated to pay for both the testing and the time spent on the test.</p> <ul style="list-style-type: none"> Surveillance/Good Cause <p>Employers may also conduct Covid-19 testing in the workplace based on good cause or surveillance to identify possible sources of workplace spread of the virus. Such testing should be based on legitimate business reasons and conducted in a non-discriminatory manner.</p> <p>Examples may include mandatory testing of all employees in a facility or shift where multiple cases have been reported, and there is a health reason to identify potential asymptomatic carriers in the workplace.</p>
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Families First Coronavirus Response Act (FFCRA)

Emergency COVID-19 Leave Policy

Our priority is to maintain a safe and healthy workplace, including minimizing the transmission of a contagious disease such as COVID-19. It is the policy of this Company to comply with the requirements of the Federal Families First Coronavirus Response Act (FFCRA). The FFCRA provides employees with Emergency Paid Sick Leave (EPSL) and Emergency Paid Family and Medical Leave (EFMLA) for those affected by the COVID-19 pandemic, from April 1, 2020 through December 31, 2020. This Policy will be administered according to the FFCRA and all other applicable laws and regulations.

Emergency Paid Leave

Emergency Paid Leave in the form of EPSL may be taken if an employee is unable to work or telework due to one of the following qualifying reasons related to COVID-19:

1. To comply with a federal, state, or local quarantine or isolation order related to COVID-19;
2. The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19;
3. The employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis;
4. To care for an individual who is subject to an order as described in (1) above or has been advised as described in (2) above;
5. To care for the employee's son or daughter (as defined in the FMLA), if a school or place of care is closed, or the child care provider is unavailable, due to COVID-19 precautions; or
6. The employee is experiencing any other substantially similar condition as specified by the designated Federal agencies.

Employees will be entitled to up to two weeks (or up to twelve weeks, if reason for leave is related to #5 and qualifies under the EFMLA) of paid or partially-paid leave if they need leave for any of the above reasons. Additional details are explained in the attached Employee Rights poster.

Employees should provide notice of the need for leave, in writing, as soon as possible. Please use the FFCRA Leave Request form attached to this policy. Additionally, employees must provide information or documentation to substantiate the need for leave and the qualifying reason. An employee must provide sufficient information regarding the reason for an absence for the company to know that protection and benefits may exist under this policy.

Coverage under group health insurance will continue while on leave, but employees must continue to pay their portion of the premium. Payment arrangements will be discussed with individuals upon their request for leave.

If emergency paid sick leave (EPSL) is taken for the qualifying reason of caring for a child whose school or place of care is closed, or childcare provider is unavailable, that leave will run concurrently with, and will count toward, the total 12 weeks available under EFMLA and traditional FMLA. Intermittent leave will only be permitted for the qualifying reason related to caring for their child whose school or place of care is closed, or childcare provider is unavailable, and only if Company agrees to the schedule.

Return to Work Employees are required to follow guidelines established by the Centers for Disease Control and Prevention and local public health authorities as it relates to ceasing home isolation practices. Employees returning to work after using the leave described above will be restored to the same or equivalent position, unless in the interim they would have been subject to an employment action regardless of leave usage. If an individual has exhausted all leave under this policy and is still unable to return to work, the situation will be reviewed on a case-by-case basis to determine what rights and protections might exist.

**REQUEST FOR LEAVE
UNDER THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT**

Employee Name: _____ Date: _____

REASON FOR LEAVE

I am requesting leave because I am unable to work (or telework, if offered) beginning on _____ and continuing through _____ because:

Select one

- ☐ **I am quarantined pursuant to a government order or on the advice of a health care provider**

● Identify the government entity or health care provider that is recommending quarantine _____

● Date quarantine was recommended _____

- ☐ **I am experiencing COVID-19 symptoms and am seeking a medical diagnosis**

- ☐ **I need to care for an individual subject to a quarantine pursuant to a government order or on the advice of a health care provider**

● Name of individual needing care and relationship to me _____

● Identify the government entity or health care provider that is recommending quarantine for this individual _____

● Date quarantine was recommended _____

- ☐ **I am experiencing a substantially similar condition specified by the Secretary of Health and Human Services**

- ☐ **I need to care for a child whose school or child care provider is closed or unavailable for reasons related to COVID-19**

● Name and age of child or children needing care _____

- Name of school or place of care _____
- I certify that no other person will be caring for the child or children during this time: ☐ Yes ☐ No
- If my child is over the age of 14, the following special circumstances make it necessary for me to care for the child during daylight hours:

- I understand the first ten days of leave under the expanded family and medical leave are unpaid. During this time I elect (or do not elect) to substitute the following paid leave which may be available to me:
 - ☐ I elect to use Emergency Paid Sick Leave (2 weeks of pay at 2/3 regular rate)
 - ☐ I elect to use any accrued and unused PTO I may have available
 - ☐ I do not elect to substitute any paid leave during this period

ADDITIONAL INFORMATION

I understand that the Company may request additional information necessary to substantiate this request, including but not limited to documentation from a healthcare provider. I am expected to provide this requested documentation within **7 calendar days** of notice. Should an extension be required, I will let the company know as soon as possible.

The Company will contact me regarding approval of this leave request and any additional information no later than 5 calendar days of this request.

By signing below, I am certifying that the above information is truthful and correct and that I am unable to work (or telework, if offered) during this leave period and I understand that misrepresenting my need for leave is grounds for discipline, up to and including termination.

Employee Signature _____ Date _____

**DESIGNATION NOTICE
(FAMILIES FIRST CORONAVIRUS RESPONSE ACT)**

Employee Name: _____ Date: _____

We have reviewed your request for leave under the FFCRA and any supporting documentation that you have provided. We have received your most recent information on _____ and decided:

☐ **Your FFCRA leave request is approved**

- ☐ You are eligible for up to ____ weeks or ____ hours of FFCRA leave beginning on _____ and ending on _____
- ☐ Your leave may / may not (circle one) be taken intermittently on the following schedule: _____
- ☐ Your leave shall be paid or partially-paid as follows:

☐ **Additional information is needed to determine if your FFCRA leave request can be approved**

- ☐ The documentation you have provided is insufficient to determine whether you are eligible for FFCRA leave. Please provide the following additional information no later than 7 calendar days of this notice. If more time is needed, please let us know, or your leave request may be denied.
- ☐ Specify additional information needed:

☐ **Your FFCRA leave request is not approved for the following reason:**

- ☐ You have not set forth a qualifying reason for leave under the FFCRA
- ☐ You have exhausted your FMLA leave entitlement in the applicable 12-month period
- ☐ You have not been employed for at least 30 calendar days or you are otherwise excluded from the FFCRA because you are an emergency responder and/or health care worker
- ☐ Your position has been impacted by a temporary or permanent layoff, furlough, or workplace closure
- ☐ We have fewer than 50 employees and leave under the FFCRA would jeopardize the viability of the business

Company Representative

Date



Accommodation Requests

Interactive Process Checklist for ADA Accommodation Requests

- **1. Determine whether the employee has made a request for accommodation.** Requests for an accommodation:
 - can be in plain English;
 - can be made orally or in writing;
 - need not mention ADA or use the phrase “reasonable accommodation;”
 - can be made at any time during the period of employment.
- **2. Recognize who is seeking an accommodation under the ADA.**
 - An employee exhibiting symptoms associated with COVID-19
 - An employee who is at a higher risk for severe illness from COVID-19
 - Employees who are 65 years and older
 - Employees of all ages with underlying medical conditions (chronic lung disease, moderate to severe asthma, hypertension, severe heart conditions, etc.)
 - An employee who wants to avoid the risk of exposure to COVID-19 due to pregnancy
 - An employee with mental health disabilities (i.e. stress, anxiety, panic) as a result of or exacerbated by COVID-19
 - *An employer is not required to provide accommodations for the following employees under the ADA (but alternative federal, state, or local requirements may apply).
 - An employee who wants to avoid the risk of exposure to COVID-19 because he/she is a caregiver of an individual who is at higher risk for severe illness from COVID-19
 - An employee who wants to avoid the risk of exposure to COVID-19 but does not exhibit any COVID-19 symptoms and does not belong to the group of higher-risk individuals for severe illness from COVID-19
- **3. Determine whether the employee has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or is regarded as having such an impairment.**
 - Is the employee limited from a class or broad range of jobs?
 - *The employee need only show “an actual or perceived physical or mental impairment,” regardless of whether the impairment actually limits, or the employer perceives the impairment to limit, a major life activity.
- **4. If the impairment and/or need for accommodation is not obvious, ask for reasonable documentation to establish the employee’s right to receive accommodation under the ADA.** The employer can:

- Ask the employee for specific information about their impairment, limitations, and need for accommodations related to COVID-19 (i.e. what is the underlying disability-related need for accommodations);
 - Accept information from a personal medical record from a past visit to a health-care provider that establishes the impairment;
 - Accept a telemedicine consult with an appropriate provider, a form or stamped note from a clinic, or an e-mail from a health-care provider that establishes the impairment and need for an accommodation;
 - Ask for a limited medical release signed by the employee. The release should clearly allow the employer to submit a list of specific questions to the employee's health care provider — an employer can request only information to establish that an ADA disability exists and that such disability needs a reasonable accommodation.
 - *Do not request if the need for accommodation is obvious or if sufficient information is already provided by applicants or employees to substantiate an ADA disability and need for requested reasonable accommodation.
- **5. Determine what accommodation is the employee seeking, and discuss possible reasonable accommodations with employees, which can include:**
 - Telework/Working from home
 - Social distancing
 - Workplace hygiene procedures
 - Plexiglass barriers
 - Personal protective equipment, face masks, etc.
 - Part-time or modified work schedule
 - Reassignment to a different vacant position.
 - No travel
 - Temporary accommodations
 - Leave of absence
 - Assess unused leave benefits available under the Families First Coronavirus Response Act (FFCRA)
 - Consider eligibility for additional leave available, including leave under the FMLA
 - Review applicable state or local paid sick leave
 - **6. Prepare a response to requests for accommodation based upon essential functions of the job.**
 - List the physical and intellectual skills that are essential to performing a job, including physically going in for work if required; and determine:

- How does the disability create a limitation to performing these essential functions?
 - How will the requested accommodation effectively address the limitation?
 - Whether another form of accommodation could effectively address the issue?
 - How the proposed accommodation will enable the employee to continue performing "essential functions" of the job?
- 7. Determine and document whether requested accommodations create undue hardship, as evidenced by:
 - € loss of some or all of the employer's income stream because of the pandemic;
 - € the nature and net cost of the accommodation, after taking into consideration available tax credits, deductions, or other funding resources;
 - € overall financial resources of the facility making the accommodations, number of employees at that facility, and effect on expenses and resources of the facility;
 - € employer's overall financial resources, size, number of employees, and type and location of facilities;
 - € impact of accommodations on business operations; and
 - € whether there is an expected date that the current restrictions on an employer's operations will be lifted (or new restrictions will be added or substituted).
- 8. Identify and document reasonable accommodations offered or the reason why accommodations are not needed or not offered.
- 9. Discuss with affected employees reasonable accommodations offered or the reason why accommodations are not needed or not offered.
- 10. Document all communications between the employer and the employee regarding the request for reasonable accommodations.
- 11. Obtain employee's signature acknowledging decision.
- 12. Protect confidentiality of reasonable accommodations made for employees and applicants with disabilities.

Date

(NAME)
(ADDRESS)

RE: Information for Accommodation Request

Dear (NAME):

As we discussed, we will need some additional clarifying information from you and your health care practitioner in relation to your request for a workplace accommodation due to the COVID-19 pandemic. To begin this interactive dialogue, we need you to complete the attached Reasonable Accommodation Request Form, and for your health care practitioner to provide us with more specific information. In order to continue this process, please provide the enclosed questionnaire to your health care practitioner and ask him or her to answer the questions set forth on the attached questionnaire.

The written clarification from your health care practitioner should be provided to us within ten (10) days from the date of this letter. Your health care practitioner may provide it to you to give to us, or, with your permission, may send it directly to me.

If you have any questions, please contact me at _____.

Very truly yours,



Date _____
:

NOTICE TO EMPLOYEE: It is the Company's policy to provide reasonable accommodations to qualified individuals with a disability who are applicants or employees, and who can perform the essential functions of their job, with or without accommodation, without direct threat or undue hardship. To request a reasonable accommodation, please complete and sign this form and submit to Human Resources.

Employee Name: _____			
Work Phone: _____		Office: _____	Dept.: _____
Home Phone: _____		Supervisor: _____	
1. What accommodation are you requesting? Be specific. (e.g., interpreter, assistive equipment, facility modification, visual aid)			
2. What limitation is interfering with your ability to perform the essential functions of the job? <i>Do not include medical diagnosis.</i>			
3. What, if any, job function(s) are you having difficulty performing?			
4. How will the requested accommodation be effective in allowing you to perform the essential functions of your job?			
5. What is the expected duration of the requested accommodation?			
6. Have you had an accommodation in the past for this same limitation? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7. Is your request time sensitive? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Provide any additional information below, if needed.			
Employee's Signature			
HUMAN RESOURCES USE ONLY			
Date Request Received		HR Rep. Handling:	
Initial Discussion w/Employee/Applicant			

Medical Evaluation Needed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Comments:	

Submit Completed and Signed Form to Human Resources

Date

(NAME}
(address)

RE: Response to Accommodation Request

Dear (NAME):

We have reviewed your request for an accommodation under the Americans with Disabilities Act (ADA) and any supporting documentation that you have provided. We have received your most recent information on _____ and decided:

to grant your requested accommodation of _____.

to deny your request for _____. As you know the essential functions of your position require _____. The accommodation you requested will [not enable you to perform the essential functions of the job/would pose an undue hardship on the operations of the company/would pose a direct threat to the health and safety of you and others in the workplace.]

In an effort to accommodate you in performing the essential functions of the job, we believe an alternative accommodation that would be reasonable and effective under the circumstances would be _____. Please contact me within 5 days of the date of this letter so that we may continue to discuss this or other possible accommodations which will allow you to perform the essential functions of your job.

We will need some additional clarifying information from you and your health care practitioner in relation to your request.

If you have any questions, please contact me at _____.

Very truly yours,