



TAHOE-TRUCKEE SANITATION AGENCY

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Policy Providing Temporary Continuation of Certain Emergency Paid Sick Leave (EPSL) Benefits

Purpose

The federal law requiring employers to provide Emergency Family Medical Leave (“EFMLA”) and Emergency Paid Sick Leave (“EPSL”) expired as of December 31, 2020. The Agency nonetheless continues to desire to provide certain benefits to employees who are impacted by the COVID-19 pandemic. Towards that end, the Agency will provide the following benefits to eligible employees who: 1) have been employed with TTSa for at least 30 days, and 2) did not already exhaust their EPSL entitlements under the expired federal law. Under this temporary policy, any unused portion of the original EPSL leave entitlement will remain available for eligible employees to utilize, pursuant to the provisions of the below policy, through, but not after, June 30, 2021. This temporary new policy expires on July 1, 2021. None of the benefits discussed in this policy, carry over after this expiration date.

If a federal law is mandated, offering similar benefits, this policy will become void, effective the start date of the federal law.

Eligible employees may request to use any unused balance of EPSL for the following reasons:

Emergency Paid Sick Leave (EPSL)

Eligibility

Eligible employees may request EPSL if they are unable to work (or telework) due to one of the following reasons:

1. The employee is subject to 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 is seeking a medical diagnosis.
4. The employee is caring for an individual who is subject to a quarantine or isolation order related to COVID-19 or who has been advised to self-quarantine.
5. The employee is caring for their child because the school or place of care of the child has been closed, or the childcare provider is unavailable, due to COVID-19 precautions.

“Child” means a biological, adopted, or foster child, a stepchild, a legal ward, or a child of a person standing in loco parentis, who is:

- (A) under 18 years of age; or
- (B) 18 years of age or older and incapable of self-care because of a mental or physical disability.

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“Individual” is generally a person within the employee’s immediate family, someone who resides regularly within the employee’s household, or a person with whom the employee has a relationship that would create an expectation that the employee would care for them. Additionally, the individual must depend upon the employee for such care.

Amount of Paid Sick Leave

All eligible full-time employees may request to use up to 80 hours of EPSL (less any EPSL they already used during the period April 1 through December 31, 2020) for any of the qualifying reasons above.

Rate of Pay

EPSL will be paid at the employee's regular rate of pay for leave taken for reasons 1-3 above. Employees taking leave for reasons 4-5 will be compensated at two-thirds their regular rate of pay. EPSL pay will not exceed:

- \$511 per day and \$5,110 in total for leave taken for reasons 1-3 above;
- \$200 per day and \$2,000 in total for leave taken for reasons 4-5 above.

Interaction with Other Paid Leave

The employee may request to use EPSL under this policy before using any other accrued paid time off for the qualifying reasons stated above.

Procedure for Requesting Emergency Paid Sick Leave

Employees must notify their department manager or HR of the need and specific reason for EPSL leave. Please contact the HR department with any questions.



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Request for Emergency Paid Sick Leave (EPSL) per TTSA policy providing temporary continuation of such benefits

To request EPSL, please complete the following request form and submit to your department manager or Human Resources as soon as possible before leave is requested to commence.

Employee Name (print clearly): _____

Department/Job Title: _____

Requested Leave Start Date: _____ Estimated End Date: _____

The amount of emergency paid sick leave being requested is _____ hours.

The reason for this emergency paid sick leave request is (check the appropriate reason below):

- 1) I am subject to a federal, state, or local quarantine or isolation order related to COVID-19.
- 2) I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
- 3) I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.
- 4) I am caring for an individual who is subject to either number 1 or 2 above.
- 5) I am caring for my child whose primary or secondary school or place of care has been closed, or my childcare provider is unavailable due to COVID-19 precautions.

Employee Signature _____ Date _____