



STATE OF WASHINGTON
DEPARTMENT OF CORRECTIONS
P. O. Box 41100 • Olympia, Washington 98504-1100

May 7, 2020

TO: All DOC Employees

FROM: Melia Olsen, Director
Human Resources *mo*

SUBJECT: Expanded Families First COVID-19 Leave and Leave Review Following Secondary Screening

I appreciate your patience as we pulled together information pertaining to absences and leave options related to COVID-19. The purpose of this message is to provide you with answers to some of the common questions we've received about the new leave, explain the process to request leave, as well as provide you with information related to leave review following secondary screening.

Expanded Families First Coronavirus Response Act (FFCRA)

In response to the Coronavirus pandemic, the final FFCRA rules were published by the Federal Department of Labor on April 6, 2020 with an effective date of April 1, 2020. Please be assured that this leave can be requested retroactively back to the April 1, 2020 effective date.

The FFCRA requires certain employers, which includes State agencies, to provide employees with paid sick leave and/or expanded Family and Medical Leave for specified reasons related to COVID-19. The leave provided under the FFCRA is available from April 1, 2020 through December 31, 2020. In order to assist staff with questions related to the FFCRA, the Agency created the following resources:

- 1) A new mailbox docfamiliesfirstleave@DOC1.WA.GOV to help respond to employee questions.
- 2) A new FFCRA Approval Request form ([DOC 03-113](#)) to facilitate requests for FFCRA leave. A copy of the form is attached.

Process for Requesting Leave under the FFCRA

- Employees submit the FFCRA Approval Request form to their local HR Offices.
- Local HR Offices process FFCRA requests and provide approval confirmation to employees with the identified appropriate leave code(s) the employee is to use.
- Employees approved for leave under FFCRA must submit **manual** leave requests, using the DOC Leave Request form, available on [iDOC](#) and DOC's [external website](#). **Do not submit leave for FFCRA using Employee Self Service (ESS).**

- Custody staff submit leave requests forms to the Roster Office through the local facility process. Non-Custody employees submit either a hardcopy or electronic leave request form to their supervisor.
- Employees ensure their leave request forms reflect the correct leave codes for the type of leave approved on their FFCRA Approval Request form (DOC 03-113). These codes are located under the “Other” and “Leave without pay” sections on the DOC Leave Request form (DOC 03-407). **Do not submit leave for FFCRA using ESS.**
- The Roster Office and/or supervisor will review, approve and forward leave requests through the local timekeeping process.
- Supervisors and employees are encouraged to work with their local HR staff, timekeepers and HQ payroll processor if they have questions or need assistance with the leave request process or forms.

Except when approved for Emergency Family Medical Leave Expansion Act, employees must either work, telework, or use paid leave for a minimum of 8 hours per month to maintain their health care benefits. Employees are responsible to pay their portion of the health care premiums, even if 8 hours per month does not generate enough income to cover their portion of the premium. Any unpaid portion will go into arrears. When the employee returns to work full time the department will work with the employee to set up a payment plan to collect the amount in arrears.

The Office of Financial Management created a category of leave entitled “Emergency Paid Leave”, which totals 80 hours and appears in the leave balance section on each full time employees pay stub. This leave is only available to employees that apply and are approved for FFCRA. If the leave is not used, it will not be cashed out and expires on December 31, 2020.

Secondary Screening Leave Review

In light of the many leave questions and/or concerns related to Secondary Screening, the Secretary has determined a need to create a Secondary Screening Task Force team to review and audit leave entries related to staff secondary screening.

The Task Force team will develop leave guidance tools and audit leave consistently statewide. Assistant Secretary, Jeannie Miller is leading this task force and the team leads are working to get all of the tools developed for auditing purposes. This team will be working with local Human Resource offices and timekeepers to gather necessary information in the review and may reach out to individual staff to verify information. Once the audit is complete, an email will be sent with the assessment breakdown to the employee, supervisor, and the local HR office. The email notification will include information for easy reference as well as outline necessary action required.

Please feel free to email DOCCOVID-19payroll@doc.wa.gov with questions related to the types of leave following secondary screening.

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An OFM State Human Resources chart outlining the various leaves available is also attached for your reference.

We know that these are stressful times and our goal is to support you regarding your individual and family needs.

Attachments

Frequency of Requested Leave:

EPSLA: Continuous? Yes No

Intermittent? Yes No

If intermittent use: How many days per week? _____

Number of hours per day? _____

EFMLEA: Continuous? Yes No

Intermittent? Yes No

If intermittent use: How many days per week? _____

Number of hours per day? _____

**If you are approved EFMLEA, you may also be eligible to take emergency paid leave for the first two weeks of that leave period or you may substitute any accrued vacation leave, personal leave, or sick leave you have. Refer to additional leave guidance in this document.*

Within the effective dates of this approval, I will use of the following leave as submitted on [DOC 03-407 Leave Request](#).

Accrued leave (vacation, comp, sick) Frequency: _____

Leave without Pay (LWOP COVID-19) Frequency: _____

I will be using Emergency Paid Sick Leave Act (EPSLA), then filing for unemployment.

Except when approved for EFMLEA, employees must either work, telework, or use paid leave for a minimum of 8 hours per month to maintain their health care benefits. Employees are responsible to pay their portion of the health care premiums, even if 8 hours per month does not generate enough income to cover their portion of the premium. Any unpaid portion will go into arrears. When the employee returns to work full time, the Department will work with the employee to set up a payment plan to collect the amount in arrears.

If employees are eligible to telework, they may not be eligible for leave under the Families First Coronavirus Response Act (FFCRA). Contact the local Human Resources office with questions regarding eligibility.

My supervisor has confirmed there is no telework option available for me.

Although telework is available, my reason for leave prevents me from performing work.

I affirm the foregoing is true and correct and understand that any misrepresentations provided for this request will be basis for potential disciplinary action.

Dated this _____ day of _____, 2020 at _____, Washington.

Name

Signature

Human Resources Use:

Approved for FFCRA

Use leave code(s): _____, _____, _____ on
DOC 03-407 Leave Request.

GUIDELINES/PROCESS FOR REQUESTING LEAVE

Once confirmation is received of the FFCRA leave approval from the Human Resources Office:

Employees must submit a **manual** leave request form using [DOC 03-407 Leave Request](#) located on iDOC or the [DOC website](#) using the codes under the “Other” or “Leave without pay” sections of the form. The employee will only use the leave code(s) for FFCRA that were approved on page 5 by Human Resources. **Do not submit FFCRA leave requests using Employee Self Service (ESS).**

Leave requests may be submitted electronically via Outlook to Roster for Custody employees or the employee’s supervisor for Non-Custody employees.

Leave requests will be processed per local facility procedures. Employees will work with local timekeepers or Headquarters Payroll processor if assistance is needed.

LEAVE GUIDANCE

All existing certification requirements under the Family and Medical Leave Act (FMLA) remain in effect for qualifying reasons under the FMLA, with the exception of leave qualifying under EFMLEA.

For example, when taking leave beyond the 2 weeks of EPSLA leave for a COVID-19-related serious health condition, [medical certifications](#) under the FMLA must be provided if required by your employer.

LEAVE OPTIONS

EFMLEA consists of a total of 12 weeks or 480 hours of leave at 2/3 rate of pay with certain maximums described below, with the first 2 weeks unpaid. This is in combination, not in addition to any other FMLA used within the current 12 month period.

During the unpaid portion of EFMLEA, any of the following leave types or a combination must be used:

- Accrued paid leave, such as vacation, sick, compensatory time. Employees will receive their full pay when using accrued leave during the first 2 weeks of EFMLEA.
- EPSLA. Employees will receive 2/3 pay when using EPSLA during the first 2 weeks of EFMLEA.
- Leave Without Pay COVID-19. Employees will not be paid for this time, however, their job and benefits are protected. In addition, anniversary dates, seniority dates, and periodic increment dates will not be adjusted.

Depending on their circumstances, employees may be eligible for Shared Leave COVID-19. Contact the local HR offices with questions about eligibility.

EPSLA is limited up to 80 hours of leave from April 1, 2020 through December 31, 2020. Part-time employee requests will be prorated based on the number of hours per week agreed to work upon hire. On-call employees will be provided EPSLA leave equal to the average number of hours worked over the 6 months period prior to the approval date of this leave.

Rate of pay information specific to reasons identified on Page 1 of this form:

For EPSLA leave reasons 1, 2, or 4, (leave code 9370), employees are paid their regular rate of pay up to \$511 per day and a maximum of \$5,100 total.

For EPSLA leave reasons 3, 3a or first two weeks of 5 (leave code 9371), employees are paid at 2/3 of their regular rate of pay up to \$200 per day and a maximum of \$2,000 total.

For EFMLEA reason 5 (leave code 9369), the first 2 weeks are unpaid, then employees will be paid at 2/3 of their regular pay rate for the additional 10 weeks, up to \$200 per day and a maximum of \$10,000 total.

Employee that choose not to use EPSLA during their first 2 weeks of unpaid EPSLA time and use their own accrued leave, are entitled to the full amount of pay, even if that amount is greater than \$200 per day.

All leave taken for reasons 3, 3a, or 5 paid at reduced rate is not be reportable for retirement service credits to the Department of Retirement Services (DRS). Employees are eligible to purchase optional service credits from DRS for any period of time they were paid leave at a reduced rate. All accrued leave used by employees will count toward DRS retirement service credit.

LEAVE CODE GUIDANCE

LEAVE CODE	REASON FOR REQUESTED LEAVE	USE OF LEAVE CODE TIPS
9370 - Emergency Paid SLA	1, 2, and 4	Provides full pay
9371 - Emergency Paid SLA Care	3, 3a, and 5	Provides 2/3 of pay up to identified maximums identified below. May not combine 9371 with own leave for any day in order to achieve higher pay.
9369 - Emergency Paid EFMLEA	5*	Do not use this code during the first 2 weeks of EFMLEA. The first 2 weeks are unpaid and the employee must use LWOP COVID-19, or they may use EPSLA or their own accrued leave. May not supplement with any other leave on a single day while using 9369 in order to achieve higher pay.
9389 - LWOP COVID-19	5* and anytime while approved for FFCRA	Must be used during the first 2 weeks of EFMLEA if not using another available paid leave type. May be used anytime while approved for FFCRA. Use will not impact dates.

HUMAN RESOURCES USE ONLY

Employee name _____ Personnel ID number _____ Facility/Office _____

Denied. Inform employee and the Appointing Authority. Reason: _____

Approved for leave reason number: 1 2 3 3a 4 5

Effective date: _____ End date: _____

LEAVE REQUESTED

EPSLA: Continuous? Yes No Intermittent? Yes No
If intermittent use: How many days per week? _____ Number of hours per day? _____

EFMLEA: Continuous? Yes No Intermittent? Yes No
If intermittent use: How many days per week? _____ Number of hours per day? _____

If EFMLEA approved, how many hours available? _____ End of 12-month period: _____
Part time/On-call eligible hours entitlement: _____ (Request balance from Payroll Manager)

Inform employee to use leave code(s) (*circle all that apply*):
9370 (1, 2, & 4), 9371 (3, 3a, &5), 9369 (5 after the first two unpaid weeks), 9389 (during the first two weeks of 5 and while not using paid leave and still within FFCRA approval effective dates).

If the employee will be using LWOP or filing for unemployment, notify the timekeepers via email. Employees must use DOC 03-407 Leave Request. Remind employees not to submit leave through ESS.

Human Resources Representative _____ Signature _____

Distribution: **ORIGINAL** - Employee Occupational Health Record
COPY - Employee, Appointing Authority
COPY Page 2 only - Headquarters Payroll Help Desk, Roster (for custody employees), Supervisor

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

COVID-19 Scenarios & Benefits Available

The information shared on this flyer does not necessarily guarantee benefits. Speak with your local HR consultant to verify coverage.

Sample scenarios	Sick Leave	Emergency Paid Sick Leave	Family and Medical Leave Act (HR applies normal procedures)	Emergency Family and Medical Leave Expansion	Washington Paid Family and Medical Leave	Vacation Leave	Shared Leave	Leave Without Pay	No Loss in Pay for up to 14 days
	Standard	Families First Coronavirus Response Act	Standard	Families First Coronavirus Response Act	Standard	Standard	Standard	Standard	Governor's Proclamation 20-05
1 Employee tests positive for COVID-19 and has indicated they are unable to work.*	✓	✓	May qualify; work with your HR consultant	✗	Refer to ESD	✓	✓	✓	✗
2 Employee has symptoms of COVID-19 and is seeking a medical diagnosis and has indicated they are unable to work.*	✓	✓	May qualify; work with your HR consultant	✗	Refer to ESD	✓	✓	✓	✗
3 Employee is subject to Stay Home, Stay Healthy order and the employer does not have any work for them to do.	✗	✗	✗	✗	✗	✓	✗	✓	✗

*Availability of telework does not preclude the employee from taking the leave.

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	Standard	Families First Coronavirus Response Act	Standard	Families First Coronavirus Response Act	Standard	Standard	Standard	Standard	Governor's Proclamation 20-05
4 Employee is not sick but has been advised by a health care provider not to be in the workplace due to risk of COVID-19 but does not fall into the CDC high risk categories (leave only applies if there is work for the employee at a worksite, but no telework is available).	✓	✓ May qualify if unable to work.	May qualify; work with your HR consultant	✗	Refer to ESD	✓	✓	✓	✗
5 Employee has been in close contact (as defined by Washington State DOH) with a person who has tested positive for COVID-19, but employee is otherwise healthy, not showing symptoms (leave only applies if no telework is available).	✗	✗	✗	✗	✗	✗	✗	✗	✓

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	Standard	Families First Coronavirus Response Act	Standard	Families First Coronavirus Response Act	Standard	Standard	Standard	Standard	Governor's Proclamation 20-05
6 Employee cannot work because they are caring for an individual who is subject to a government quarantine or isolation order or has been advised by a health care provider to self-quarantine. (Leave only applies if there is work for the employee to do.)*	May qualify; work with your HR consultant	✓	May qualify; work with your HR consultant	✗	Refer to ESD	✓	✓	✓	✗
7 Employee cannot work because their child's school is closed and/or their child care provider is unavailable due to COVID-19.*	✓	✓	✗	✓	✗	✓	✓	✓	✗

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Sample scenarios	Sick Leave	Emergency Paid Sick Leave	Family and Medical Leave Act (HR applies normal procedures)	Emergency Family and Medical Leave Expansion	Washington Paid Family and Medical Leave	Vacation Leave	Shared Leave	Leave Without Pay	No Loss in Pay for up to 14 days
	Standard	Families First Coronavirus Response Act	Standard	Families First Coronavirus Response Act	Standard	Standard	Standard	Standard	Governor's Proclamation 20-05
8 Employee fears congregate areas and refuses to come to work.	✗	✗	✗	✗	✗	May qualify; work with your HR consultant	✗	✓	✗
9 Employee is in a category of increased risk of severe illness and death as listed in CDC guidelines.	✓	✓ May qualify if unable to work.	May qualify; work with your HR consultant	✗	Refer to ESD	✓	✓	✓	✗

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	Standard	Families First Coronavirus Response Act	Standard	Families First Coronavirus Response Act	Standard	Standard	Standard	Standard	Governor's Proclamation 20-05
10 Employee is subject to Stay Home, Stay Healthy order, the employer has telework for them, but the employee reports they cannot perform it due to the order (i.e., such as lack of internet).	X	✓ May qualify if unable to work.	X	X	X	✓	✓	✓	X

*Availability of telework does not preclude the employee from taking the leave.