**Public Health Emergency Leave/Expanded FMLA**

**Effective Date:** [XX/XX/XXXX]

**Revision Date:** [XX/XX/XXXX]

Employees may be eligible for public health emergency leave (PHEL), also known as Expanded FMLA, through September 30, 2021.

**Employee Eligibility:**

To be eligible for PHEL/Expanded FMLA, an employee must have worked for [Company Name] for at least 30 calendar days prior to the leave.

**Use of PHEL:**

Eligible employees may use up to 12 weeks of job-protected leave to care for their son or daughter under 18 years of age if their school or place of care has been closed, or their childcare provider is unavailable, due to a public health emergency.

From April 1, 2021 through September 30, 2021, eligible employees may also use PHEL because:

* The employee is subject to a federal, state, or local quarantine or isolation order related to COVID-19 or is caring for an individual who is subject to such an order.
* The employee has been advised by a healthcare provider to self-quarantine due to concerns related to COVID-19 or is caring for an individual who has been advised to self-quarantine.
* The employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis.
* The employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.
* The employee is seeking or awaiting the results of a diagnostic test for, or a medical diagnosis of, COVID–19 and the employee has been exposed to COVID–19 or [Company Name] has requested such test or diagnosis,
* The employee is obtaining immunization related to COVID–19.
* The employee is recovering from any injury, disability, illness, or condition related to COVID-19 immunization.

**Documentation:**

As soon as practical, an employee taking leave must provide documentation containing the:

* Employee's name;
* Date(s) for which leave is requested
* Qualifying reason for the leave; and
* Oral or written statement that the employee is unable to work because of a qualified reason.

Additional documentation is required depending on the reason for the need for leave:

* For a quarantine or isolation order, the employee must also provide the name of the government entity that issued the order.
* If a healthcare provider advised self-isolation, the employee must also provide the name of the healthcare provider.
* To care for a son or daughter, an employee must also provide the name of the son or daughter; the name of the school, place of care, or child care provider that has closed or become unavailable; and a statement that no other suitable person will be caring for the son or daughter during the period for which the employee takes leave under this policy.

[Company Name] may also request an employee to provide additional material needed to support a request for tax credits under federal law.

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**Pay During Leave:**

Employees will be paid for PHEL/Expanded FMLA at a rate of at least two-thirds their regular rate of pay, up to a maximum of $200 per day.

**Protection of Group Health Insurance Benefits:**

During leave under this policy, eligible employees will receive group health plan coverage under the same terms and conditions as if they had continued to work.

**Job Restoration:**

At the end of PHEL, employees are generally eligible to return to the same or equivalent position they had when the leave began. However, [Company Name] may be exempt from this provision if it has fewer than 25 employees and:

* The employee’s position doesn’t exist after PHEL due to economic conditions or other changes in operating conditions that affect employment and were caused by a public health emergency during the period of leave;
* [Company Name] makes reasonable efforts to restore the employee to a position equivalent to the position the employee held before the leave; and
* [Company Name] makes reasonable efforts to contact the employee if an equivalent position becomes available within the next year.

**Retaliation Prohibited:**

[Company Name] will not take adverse action against an employee for exercising their rights under this policy.

If you have questions about this policy, contact your supervisor or the [HR Contact Title].