



DEPARTMENT NOTICE

20-176
12/11/20

Revisions to the COVID-19 Compensation Plan

The purpose of this notice is to inform members regarding recent changes to the City and County of San Francisco Department of Human Resources (DHR) Covid-19 Compensation Plan.

Attached is the Covid-19 Compensation Plan from DHR (updated October 26, 2020) that outlines Covid-19 compensation changes that took effect October 31, 2020. In order to aid members regarding the recent revisions, attached is a *summary of revisions* from DHR outlining the changes from the original Covid-19 Compensation Plan, effective April 1, 2020. Also attached is a FAQ sheet regarding specific time balances and expiration dates for those balances.

Effective at the issuance of this Department Notice, members will be required to complete the Department of Human Resources *Sick Leave, Emergency FMLA, or Vacation Request Form (COVID-19)*, attached, when utilizing "COV" or "ESP" time. A member's completion of this form coupled with a signature is an attestation of the reason for "COV" or "ESP" usage, no other documentation is required. Members shall have their supervisor sign the form and forward it to their payroll clerk.

If members have questions regarding the Covid-19 Compensation Plan revisions, please contact your payroll clerk for clarification. There is a summary of revisions attached to this Department Notice.

Additional Information:

- <https://sfdhr.org/sites/default/files/documents/COVID-19/COVID-19-Sick-FMLA-Vac-Request-Form.pdf>
- <https://sfdhr.org/covid-19>


WILLIAM SCOTT
Chief of Police

Per DN 20-150, all sworn & non-sworn members shall electronically acknowledge this Department document in PowerDMS. Members whose duties are relevant to this document shall be held responsible for compliance. Any questions regarding this policy should be made to sfpd.writtendirectives@sfgov.org who will provide additional information.

**Summary of Revisions to the COVID-19 Compensation Plan
Pursuant to the Mayor's Termination of Orders Issued Under Proclamation of
Local Emergency**

(See Compensation Plan for Full Plan Details)

Last Updated on 10/26/20; 9:00am

Compensation	Current	Revised
<p align="center">Additional City Paid Sick Leave Allocation</p>	<p>All regularly scheduled employees hired before April 1, 2020 received 80 hours of additional sick leave ('COV') to use for any sick-leave related purpose; pro-rated for part-time employees. This leave expires on COB December 31, 2020.</p>	<p>Continue existing program with the following revisions effective October 31, 2020:</p> <ul style="list-style-type: none"> • Expand benefit to employees hired on or after April 1, 2020; and • Limit usage to COVID-19 related reasons including school closures/remote learning; and • Leave expiration extended to COB June 30, 2021.
<p align="center">Additional Floating Holiday Accruals</p>	<p>All regularly scheduled employees working in the workplace earn 8 hours of Floating Holidays for 40 hours of regularly scheduled work up to 80 hours, with hours credited at the end of the emergency.</p>	<p>End existing program COB October 30, 2020, and credit employees with Floating Holidays hours earned through that date by November 30, 2020.</p>
<p align="center">Caps for Vacation, Floating Holidays</p>	<p>All regularly scheduled employees may earn up to 80 hours of vacation above existing caps for the duration of the emergency; pro-rated for part-time employees. Employees must use balances above caps by December 31, 2021.</p> <p>Employees can roll over an additional 80 hours of floating holidays above the normal roll over limit for FY20-21 and FY21-22.</p>	<p>End accrual of additional hours over existing vacation caps until COB June 30, 2021.</p> <p>Employees may maintain the following floating holiday balances for the following fiscal years:</p> <ul style="list-style-type: none"> • FY20-21: 200 hours • FY21-22: 160 hours
<p align="center">Compensatory Time for Salaried Employees</p>	<p>All salaried employees may earn up to 80 hours of compensatory time for hours worked in excess of 40 regularly scheduled hours, through the duration of the emergency. No expiration on use of earned compensatory time.</p>	<p>End accrual of additional compensatory time on COB October 30, 2020.</p> <p>Employees must use compensatory time balance by December 31, 2021.</p>

COVID-19 Compensation Plan FAQ

Floating Holidays

For those members who work an eight (8) hour, five-day work week schedule, your regular floating holiday cap is 64 hours. Members who work a ten (10) hour four-day work week schedule, your regular floating holiday cap is 80 hours. The illustrations below are for those with a regular floating holiday cap of 80 hours.

Fiscal Year ending June 30, 2021.

Although members may have as much as 200 hours in the leave bank, starting on July 1, 2021 the MOST a member can have is 160 hours. Depending upon the balance in your bank on June 30, 2021, you will get an additional 40 hours on July 1, 2021 to get your balance up to a maximum of 160 hours. Here are a few scenarios:

- A member has 200 hours on the books on June 30, 2021, the bank will be reduced by the City to 160 on July 1st, 2021.
- A member has 120 hours on the books on June 30, 2021, the bank will be increased by an additional 40 hours resulting in a total of 160 hours on July 1st.
- A member has 140 hours on the books on June 30, 2021, the bank will be increased by an additional 20 hours resulting in a total of 160 hours on July 1st.
- A member has 160 hours on the books on June 30, 2021, the bank will not change on July 1, 2021.
- So, if you don't want to lose accrued hours in your bank on June 30 and want the City to provide an additional 40 hours on July 1, 2021, you should consider utilizing all hours over 120 by June 30, 2021.

Fiscal Year beginning on July 1, 2021 and ending June 30, 2022

All members with a balance above 80 hours on June 30, 2022 will have the balance reduced to 80 on July 1, 2022. If your balance is below 80 on June 30, 2022, on July 1, 2022 the City will credit you with a maximum of 40 hours, but the total cannot exceed 80 in the bank. Here are some scenarios to consider:

- A member has 160 hours on the books on June 30, 2022, the bank will be reduced by the City to 80 on July 1st, 2022.
- A member has 40 hours on the books on June 30, 2022, the bank will be increased by an additional 40 hours resulting in a total of 80 hours on July 1st.
- A member has 70 hours on the books on June 30, 2022, the bank will be increased by an additional 10 hours resulting in a total of 80 hours on July 1st.
- A member has 80 hours on the books on June 30, 2021, the bank will not change on July 1, 2022.

If you don't want to lose accrued hours above 80 in your bank on June 30, 2022 you should use those hours. If you want an additional 40 hours on July 1, 2022 you should draw down the bank to 40 hours by June 30, 2022.

The 80 hours of Additional Floating Holidays (FH) accrued while working as an essential service provider, will not have a different designation and will be simply blended in with current FH bank that members have.

Federal COVID Sick Time

With regards to the Federal Covid-19 sick time, designated (**ESP**). The 80 hours of time will expire on 12/31/2020. The Federal government may extend this date, but as of now, it remains 12/31/2020.

City COVID Sick Time

With regards to the City Covid-19 sick time, designated (**COV**). The 80 hours issued earlier in 2020 will expire, if not used by June 30, 2021. As of now, there is no plans for additional City Covid-19 (**COV**) sick time being provided.

Vacation Accrual Caps

With regards to Vacation accrual caps. Members may earn up to an additional 80 hours (for a total of 480 hours) through June 30, 2021. On July 1, 2021 Members will not accrue any more vacation time until they are below 400 hours. This cap of 480 hours must well below 400 hours by 6/30/2021 in order for a member to accrue vacation time starting 7/1/2021. Members must use vacation and reduce their balance below the maximum 400 accrual by December 31, 2021.

In-Lieu Legal Holidays

In-lieu legal holidays(EH) earned in fiscal years 2019-2020 and 2020-2021 shall be carried over and do not require a written request by the member.



SICK LEAVE, EMERGENCY FMLA, or VACATION REQUEST FORM (COVID-19)

Name: _____ (Please print) _____ (DSW ID Number) _____ (Contact Phone)

Address: _____ (Street) _____ (City, State, ZIP)

Department: _____ (Division/Section/Supervisor) _____ (Department Name)

REASON FOR LEAVE REQUEST and ABSENCE DATES

- Federal, State or Local Quarantine or Isolation Order Health Care Provider Quarantine or Isolation Order/Advice
 COVID-19 Symptoms and Seeking Diagnosis – Employee Care for An Individual Subject to Quarantine/Isolation Order
 Child(ren)'s School/Childcare Closure/Unavailability Similar Condition Specified by Secretary of HHS
 Self-Isolation Due to Concern About Exposure Commute Disruption

Absence Dates: From: _____ To: _____ **TOTAL HOURS:** _____
 No intermittent leave for quarantine/isolation or symptoms unless teleworking. Attach schedule for allowed intermittent leaves.

HOW TO BE PAID DURING LEAVE

- COV Sick Leave Sick Leave Vacation Floating Holiday Compensatory Time
 Federal Emergency Paid Sick Leave (ESP) (Up to 80 Hrs, subject to pay caps) I Elect to Supplement ESP

ESP is subject to pay caps under the Families First Coronavirus Response Act. You may use accrued leave to supplement ESP and receive 100% of your regular pay. You must check the box to supplement ESP, or you will only receive partial pay during your leave.

- Emergency FMLA (ESF) (Up to 10 Wks @ 2/3 pay w/ cap)
 Unless you check the box to use sick leave, you will be required to use vacation, floating holidays and compensatory time to supplement ESF first. I Elect to Supplement ESF with Sick Leave, Before Supplementing with Required Leaves.

SICK LEAVE AND VACATION ADVANCE and AGREEMENT

CITY LEAVE ADVANCE: For employees who have exhausted all of the above pay, except ESF
 Due to the coronavirus I request a Sick Leave Advance Vacation Advance of _____ Hours (Up to 80 hours) to cover my leave. (Departments have discretion to determine the appropriate leave type and whether employees are eligible.)
 I have read and understand the SICK LEAVE AND VACATION ADVANCE PROCEDURE. I understand that any sick leave or vacation advanced is a loan of time not yet earned that I am required to repay by applying accrued sick leave or vacation as it is earned to the outstanding balance. I understand that if I separate from the City, I will repay the remaining unpaid balance, if any.

Signature: _____ **Date:** _____

Supervisor/Manager (Appointing Officer)		For Advances Is Accrued Leave Exhausted?		Approve	Deny
Personnel Officer		Yes	No	<input type="checkbox"/>	<input type="checkbox"/>

cc: Official Employee Personnel Folder

SICK LEAVE, EMERGENCY FMLA, OR VACATION REQUEST FORM (COVID-19)

REQUIRED INFORMATION *(Complete Only Sections That Apply to Your Leave and Sign Acknowledgement)*

ESP Due To Government Ordered Quarantine/Isolation: I am subject to a COVID-19 related order that prevents me from going to work or teleworking.

Government Entity Issuing the Order: _____

Order Date: _____

It's not me, instead I'm taking care of an individual subject to such an order, and I cannot work or telework.

ESP Due To Health Care Provider Advised Quarantine/Isolation: My health care provider has advised me to quarantine or isolate, and I cannot go to work or telework.

Health Care Provider's Name: _____

Provider's Address: _____ City: _____ State: _____

Order/Advice Date: _____

It's not me, instead I'm taking care of an individual who received this advice, and I cannot work or telework.

ESP Due To COVID-19 Symptoms and Seeking Diagnosis: I am sick with COVID-19 symptoms and will receive testing or other diagnostic services.

Provider/Clinic/Test Site Name: _____

Address: _____ City: _____ State: _____

Test/Exam Date: _____

ESP and/or ESF for School/Childcare Provider Closure/Unavailability: I need to care for my child(ren), and I cannot work or telework because my child(ren)'s school has closed, childcare place has closed or childcare provider is unavailable due to COVID-19, and no other suitable person is available to care for my child(ren) during the time I need to take leave.

Name(s) and age(s) of child(ren) I need to care for:

1. _____ Age: _____ 2. _____ Age: _____
3. _____ Age: _____ 4. _____ Age: _____

Name(s) of school/childcare place/provider: _____

There are special circumstances requiring my leave to care for my child(ren) age(s) 15-17, or adult child age 18, or older.

LEAVE TO SELF-QUARANTINE DUE TO CONCERN ABOUT CONTRACTING COVID-19: I do not want to work because I'm concerned that I, or someone in my household, may contract COVID-19.

MY HEALTH CARE PROVIDER RECOMMENDED OR ADVISED ME TO ISOLATE, or told someone in my household that I should isolate for their safety, because of vulnerability, but I can telecommute or may be able to return to work with accommodations.

Health Care Provider's Name: _____

Address: _____ City: _____ State: _____

Advice Date: _____

ACKNOWLEDGEMENT

I CERTIFY THAT MY ABSENCE REQUEST IS FOR THE COVID-19 RELATED REASON STATED ON THIS SICK LEAVE, EMERGENCY FMLA or VACATION REQUEST FORM (COVID-19).

I UNDERSTAND THAT LEAVE AND PAY APPROVED BECAUSE OF THE COVID-19 PUBLIC HEALTH CRISIS IS SUBJECT TO PROVISIONS IN THE FFCRA, THE MAYOR'S PROCLAMATIONS AND RELATED RULES PROVIDING LEAVE BENEFITS. I ALSO UNDERSTAND THAT PROVIDING FALSE OR MISLEADING INFORMATION ABOUT MY ABSENCE MAY RESULT IN DISCIPLINARY ACTION.

Signature: _____

Date: _____