



WEST VALLEY WATER DISTRICT
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**POLICY REVIEW AND
OVERSIGHT COMMITTEE
MEETING AGENDA**

TUESDAY, MARCH 22ND, 2022- 6:00 PM

NOTICE IS HEREBY GIVEN that West Valley Water District has called a meeting of the Policy Review and Oversight Committee to meet in the Administrative Conference Room, 855 W. Base Line Road, Rialto, CA 92376.

On March 4, 2020, Governor Newsom declared a State of Emergency resulting from the threat of COVID-19. On September 16, 2021, Governor Newsom signed Assembly Bill No. 361 into law. Assembly Bill No. 361 amends Government Code section 54953(e) by adding provisions for remote teleconferencing participation in meetings by members of a legislative body, without the requirements of Government Code section 54953(b)(3), subject to the existence of certain conditions. The West Valley Water District adopted a resolution determining, by majority vote, that, as a result of the declared State of Emergency, a meeting in person would present imminent risks to the health or safety of attendees. Accordingly, it has been determined that all Board and Workshop meetings of the West Valley Water District will be held pursuant to Assembly Bill No. 361, the Brown Act and will be conducted via teleconference. There will be no public access to the meeting venue. Members of the public may listen and provide public comment via telephone by calling the following number and access code: Dial: (888) 475-4499, Access Code: 840-293-7790 or you may join the meeting using Zoom by clicking this link: <https://us02web.zoom.us/j/8402937790>. Public comment may also be submitted via email to administration@wvwd.org. If you require additional assistance, please contact the Executive Assistant at administration@wvwd.org.

BOARD OF DIRECTORS

Director Greg Young (Chair)

Director Kelvin Moore

- 1. CONVENE MEETING**
- 2. PUBLIC PARTICIPATION**

The public may address the Board on matters within its jurisdiction. Speakers are requested to keep their comments

to no more than three (3) minutes. However, the Board of Directors is prohibited by State Law to take action on items not included on the printed agenda.


3. DISCUSSION ITEMS

- A.** General Updates to the Policy Review & Oversight Committee.
- B.** Updated COVID-19 Policies.

4. ADJOURN

DECLARATION OF POSTING:

I declare under penalty of perjury, that I am employed by the West Valley Water District and posted the foregoing Policy Review and Oversight Committee Agenda at the District Offices on March 17th, 2022.



Maisha Mesa, Executive Assistant

WEST VALLEY WATER DISTRICT

Coronavirus Disease 2019 (COVID-19)

Pandemic Response Plan

West Valley Water District's ("WVWD") coronavirus disease pandemic preparedness plan has been developed to ensure continuity of water and wastewater services in the event of a pandemic and to protect the health and safety of WVWD employees. Recommendations from the Centers for Disease Control and Prevention (CDC) have been incorporated into this plan.

Plan Activation

The plan will be implemented when the World Health Organization (WHO) declares a level 6 pandemic or at the discretion of the General Manager.

COVID-19 Symptoms

According to the CDC, reported illnesses have ranged from mild symptoms to severe illness and death for confirmed coronavirus disease 2019 (COVID-19) cases.

The following symptoms may appear 2-14 days after exposure:

- Fever
- Cough
- Shortness of breath

Refer to the CDC's website (<https://www.cdc.gov/coronavirus/2019-ncov/index.html>) for additional details.

Section 1 - Protocols for Employees Who Become Sick

The temperature of all employees must be taken immediately upon arrival at work and immediately before leaving work. Human Resources personnel or the employee's supervisor shall take temperatures using a no touch forehead thermometer. Employees shall be sent home if their temperature is at 100.4⁰ F or greater.

Maintaining adequate staffing levels during a pandemic is accomplished in part by reducing the spread of disease in the workplace. The primary method recommended to achieve this objective is for sick employees to stay home. The reasons for employees reporting to work when they do not feel well are varied. Some employees feel they will be penalized if they do not report to work, others attempt to save their sick time, and some employees have low sick leave balances. This section will address these issues and provide guidance in protecting WVWD employees and managing the infectious spread of

the virus as recommended by the CDC, WHO, and WVWD's policy. Employees shall be informed of the following:

- Employees will not be reprimanded if they are acting responsibly by staying home when they are symptomatic or must care for a person in their immediate family who has become ill. In fact, the emphasis will be on the importance for employees to stay home particularly if they are exhibiting pandemic sickness symptoms. Employees who have symptoms (see above definitions) are recommended to stay home and not come to work until they are free of fever (fever is present at 100.4⁰ F [37.8⁰ C] or greater using an oral or no touch forehead thermometer), signs of a fever, and any other symptoms for at least 24 hours, without the use of fever-reducing or other symptom-altering medicines (e.g. cough suppressants). Employees should notify their supervisor and stay home if they are sick.
- Employees who exhibit symptoms will use their sick leave. Employees with no sick leave balances are eligible to use compensatory time, floating holidays, administrative leave and/or vacation if necessary. An employee may also take leave without pay if approved by the General Manager. On a case-by-case basis, the General Manager may enter into a written agreement with an Employee to extend pay while on leave where an Employee exceeds their accrued time off balances with the following understandings: 1) maximum extension of time is forty (40) hours, 2) Employee agrees reimbursement or extended time off shall be made through future earned accruals, and 3) if Employee separates from WVWD prior to reimbursement of extended time off, the Employee agrees the value of the unreimbursed extended time off will be deducted from the Employees final compensation.
- Employees who become ill shall complete the recommended isolation period as determined in consultation with their physician and return only when they are no longer infectious. Expect employees to be out from two weeks (mild cases) to six weeks (critical cases).
- **Employees who are affected by the virus have the following EDD support services:**
 - a. If you are unable to work due to having or being exposed to the coronavirus (certified by a medical professional), you can file a Disability Insurance (DI) claim. DI provides short-term benefit payments to eligible workers who have a full or partial loss of wages due to a non-work-related illness, injury, or pregnancy. Benefit amounts are approximately 60-70 percent of wages (depending on income) and range from \$50-\$1,300 a week.
The Governor's Executive Order waives the one-week unpaid waiting period, so you can collect DI benefits for the first week you are out of work. If you are eligible, the EDD processes and issues payments within a few weeks of receiving a claim.
 - b. If you are unable to work because you are caring for an ill or quarantined family member with COVID-19 (certified by a medical

professional), you can file a Paid Family Leave (PFL) claim. PFL provides up to six weeks of benefit payments to eligible workers who have a full or partial loss of wages because they need time off work to care for a seriously ill family member or to bond with a new child. Benefit amounts are approximately 60-70 percent of wages (depending on income) and range from \$50-\$1,300 a week. If you are eligible, the EDD processes and issues payments within a few weeks of receiving a claim.

If your child's school is closed, and you have to miss work to be there for them, you may be eligible for Unemployment Insurance benefits. Eligibility considerations include if you have no other care options and if you are unable to continue working your normal hours remotely. File an Unemployment Insurance claim and our EDD representatives will decide if you are eligible. Employees should contact Human Resources (HR) for assistance.

- The CDC recommends that employees who appear to have symptoms upon arrival to work or become sick during the day should be separated from other employees and be sent home immediately. Sick employees should cover their noses and mouths with a tissue when coughing or sneezing (or an elbow or shoulder if no tissue is available).
- Employees who have already recovered from the coronavirus or any other illness are encouraged to return to work.
- Employees who report to work and are obviously symptomatic will be asked by their supervisor to go home. Supervisors, managers in consultation with HR have the discretion to ask employees to go home when, in the judgment of the supervisor, manager, the presence of the employee at work would endanger the health and welfare of other employees or where the illness or injury of the employee interferes with the performance of an employee's duties.
- When possible and if they can tolerate it, workers with symptoms should be given a mask, if available, to wear before they go home if they cannot be placed in an area away from others.
- The usual requirement for a doctor's note after three (3) consecutive days of absence might be waived by the General Manager or designee on a case-by-case basis. If this requirement is waived, employees would be required to call HR or the supervisor with an update on their condition each day after three (3) consecutive days has elapsed. Medical offices may be extremely busy, employees may not be able to obtain an 'off work' note or see a doctor.
- The protocol for a person who begins to feel sick while at work or has observed another person exhibiting coronavirus symptoms at work, must contact their supervisor/manager. The supervisor/manager will contact HR who will document the illness using the form located in Appendix A. If not available, the supervisor/manager will document the illness and determine if the employee

should be sent home. If an employee becomes ill and must go home immediately, the employee can go home and personnel from HR will contact the supervisor as soon as possible.

- **Duties of designated HR personnel:**

- a. Discuss the symptoms the employee is experiencing. Document illness using assessment form located in Appendix A.
 - b. Notify employee's supervisor/manager of the evaluation results and if the employee will be sent home.
 - c. Notify employee's supervisor/manager of the evaluation results and if the employee will be sent home.
 - d. Offer the use of a disposable mask, if available, to the employee during the time they are gathering their belongings and preparing to leave the workplace.
 - e. Encourage the employee to keep in contact and let him/her know about phone in and follow-up procedures.
 - f. Encourage employees to return to work upon recovery.
- If an employee calls in sick with coronavirus-like symptoms or if the reason for the employee's illness is unknown, personnel from HR will contact the employee to document the illness.
- If an employee leaves work due to the onset of coronavirus symptoms, the protocol also includes the disinfection of the employee's workstation. HR or supervisor/manager will be responsible for disinfection of work areas.
- HR will be responsible for tracking employee absenteeism due to coronavirus. Severe levels of absenteeism will be reported to the General Manager.
- If coronavirus severity increases, at the beginning of each workday all employees should be asked about symptoms consistent with the coronavirus illness.

Section 2 - Infection Control and Employee Protection

Safeguarding the health of employees and customers during a coronavirus pandemic is a key objective for WVWD.

A variety of infection control measures, including heightened hygiene practices, social distancing, and disinfection procedures will be used to slow the spread of disease. One of the best strategies to reduce the risk of becoming ill with coronavirus is to avoid crowded settings and other situations that increase the risk of exposure to someone who may be infected.

Basic hygiene and social distancing precautions that will be used include the following:

- Stay home if you are sick.
- Wash your hands frequently with soap and water for 20 seconds or use a hand sanitizer if soap and water are not available.
 - Avoid touching your nose, mouth, and eyes.
- Cover your coughs and sneezes with a tissue, or cough and sneeze into your elbow or upper sleeve (avoid sneezing or coughing into the hands).
- Dispose of tissues in no-touch trash receptacles.
- Wash your hands or use a hand sanitizer after coughing, sneezing, or blowing your nose.
- Avoid close contact (within 6 feet) with coworkers and customers.
- Avoid shaking hands, the high-five, and the knuckle bump as this can still spread germs. If you do have physical contact with others, always wash your hands immediately afterward.
- If wearing gloves, wash your hands after removing them.
- Keep frequently touched common surfaces (for example, telephones, computer equipment, etc.) clean. Use available disinfection wipes.
- When possible, avoid using other employees' phones, desks, offices, or other work tools and equipment.
- Employees who are healthy but have a sick family member at home with coronavirus should notify their supervisor and refer to CDC guidance for how to conduct a risk assessment of their potential exposure.¹

1 <https://www.cdc.gov/coronavirus/2019-neov/nhp/risk-assessment.html>

- Minimize group meetings and participation in community events; use e-mails, and phones when possible. If meetings are unavoidable, avoid close contact (within 6 feet) with others and ensure that the meeting room is well ventilated.
- During times of moderate to severe levels of illness, telephone communications is the preferred method of contact.
- Consider removing magazines and other frequently touched materials from common areas.
- All employees are recommended to use hand sanitizer or wash hands after handling mail and following each customer transaction and specifically the front desk, engineering services, and customer service personnel as they may experience more interaction with customers.
- Additional hand sanitizer, disinfecting wipes, and tissues have been placed in commonly used areas. Additional stock of supplies, to the extent supplies are available will be provided.
- At severe levels of coronavirus, limit unnecessary visitors to the workplace.

- At severe levels of coronavirus, limit vendors contact with WVWD personnel.
- At severe levels of coronavirus post notices at facility entry points advising staff and visitors not to enter if they have coronavirus symptoms.
- At severe levels of coronavirus, minimize customer contact by limiting customer meetings, encouraging customers to use remote service options such as telephone contact only, dropping off payment in drop box, dropping off development plans in plan receptacle located next to the front counter payment area, mailing payments and use of credit card, and online services.
- At severe levels of coronavirus, employees with higher risk of the flu, cold, infection or other medical complications may be reassigned to duties that have minimal contact with other employees and customers.
- At severe levels of coronavirus, and as advised by the CDC, employee travel for conferences and meetings will be limited and/or completely restricted.
- At severe levels of coronavirus, the General Manager or his designee may approve telecommuting for certain employees on a case-by-case basis. Telecommuting arrangements for employees this option is feasible, shall be made by written agreement that identifies various terms and conditions.
- the preferred method of contact.

1 <https://www.cdc.gov/coronavirus/2019-neov/nhp/risk-assessment.html>

Section 3 - Disinfection Procedures

WVWD is currently using germicidal wipes for general clean up and disinfectant spray when it is necessary to disinfect offices or other commonly used areas. Routine approaches for cleaning and disinfection are adequate in these areas. Personnel cleaning the areas are recommended to wear gloves, if available, and should discard them when finished. Hands must be washed or sanitized at the completion of the procedure.

When an employee with suspected coronavirus, flu or any other infectious illness is identified and the sick individual has left the workplace, the supervisor will contact HR personnel to coordinate and conduct a thorough cleaning of the workplace where the sick individual was present. Included in the cleaning will be auxiliary places they conduct work or have been in contact with. Special attention should be paid to telephones, computer keyboards, the mouse, desktop, steering wheels, and District radios. Door-knobs, sinks, drawer handles, light switches, etc. in the vicinity should also be disinfected. If possible, do not disturb the person's clothing or other fabrics during the cleaning process. Areas that cannot be disinfected, such as electrical equipment, employees will wear masks and gloves while working in the area or area will be isolated.

Section 4 — Critical Job Functions

Rates of absenteeism will depend on the severity of the pandemic. In a severe pandemic, absenteeism attributable to illness, the need to care for ill family members and fear of infection may reach 40 percent during the peak weeks of an outbreak.

Using these estimates as a guideline, WVWD's General Manager and supervisors/managers will identify the personnel responsible for performing critical tasks and a sufficient number of temporary alternates to ensure that each critical task is given the appropriate priority during a reduction in normal staffing levels. The General Manager, and supervisors/managers will direct personnel to respond to more pressing issues and priorities based on pandemic severity. Additionally, during a severe pandemic, regulatory requirements may be impacted by a reduction in staffing levels causing delinquency in reporting.

DEPARTMENT/DIVISION	CRITICAL JOB FUNCTION
General Manager	<p>Communications with employees, Board of Directors</p> <p>Communications with media, external stakeholders, and customers</p> <p>Internal communication will be jointly coordinated with HR</p> <p>Support executive staff in developing key messages for use with Board, customer and other communications</p> <p>Coordinate joint public communications with other emergency response partners; communication with County Joint Information Center (if activated)</p>
Administrative Services	<p>Administrative facility operations and maintenance</p> <p>Reception/communications with internal and external visitors</p> <p>Supplies</p> <p>Janitorial/Cleaning</p> <p>Support to other departments</p>
Finance and Customer Service	<p>Fielding customer calls</p> <p>Generating water bills</p> <p>Accounts payable (during a severe pandemic this may be limited if there are personnel shortages)</p> <p>Processing payments received from customers</p> <p>Filing regulatory agency reports or notifying of delay Shut-offs may be suspended during a severe pandemic to ensure customers have water for hygiene purposes.</p>
Information Systems	<p>Maintain normal systems operations including providing computer systems and communications Maintain cybersecurity activities</p> <p>User Support</p> <p>Support for District website updates</p>

Engineering	<p>Engineering customer services</p> <p>Inspectors inspect construction of facilities to district standards (during a severe pandemic this may be suspended if there are personnel shortages)</p>
Field Administration	Filing regulatory agency reports or notifying of delay
Meters	<p>Reading water meters</p> <p>Ordering of parts/supplies necessary for day to day operations</p> <p>Respond to service leaks</p> <p>Respond to customer service orders</p>
Mechanical Services and Electrical Services	Respond to electrical, SCADA and pump and motor problems.
Operations	<p>Water quality monitoring (sampling and analyses)</p> <p>Water quality compliance reporting</p> <p>System monitoring (flows, reservoir level, pressures, water orders, water quality, etc.)</p> <p>After hours customer service calls</p> <p>Inspect reservoirs and pump stations after rapidly changing water levels or earthquake Mark outs</p>
Construction/Maintenance	Respond to pipeline failure leaks, critical easement damage and fire hydrant damage
Safety	<p>Health education and any employee training</p> <p>Processing and reporting injury/illness</p> <p>Stocking supplies critical for emergency response</p> <p>Communication with county Emergency Operations Center (EOC)</p>
Human Resources	<p>Processing payroll</p> <p>Employee benefits</p> <p>Processing, tracking and reporting injury/illness</p> <p>Disinfecting infectious workstations</p> <p>Engaging staffing partners for temporary labor as needed</p> <p>Coordinate with the General Manager on employee messaging</p>

Upon activation, the following steps will be taken to ensure adequate personnel levels are maintained to perform critical job functions.

- Personnel from various departments may be trained to answer the main phone lines and assist customers.
- Appropriate personnel should be cross trained in performing critical Finance functions.
- Field personnel have been cross trained where practical to ensure continuation of water services. Staff may also be paired with other certified staff to assist with operations of facilities as needed.
- N-95 masks (if available), hand sanitizer and surface sanitizing wipes are kept in stock and will be distributed to working employees as needed.

COVID-19 is an emerging, rapidly evolving situation and WVWD is following the CDC, the WHO, the California Department of Public Health and the local San Bernardino County Public Health Department for updated information as it becomes available, in addition to updated guidance. Information will be shared as often as possible.

The General Manager has the discretion and authority to update and change information to this pandemic response plan due to the fluid nature of the situation. WVWD will continue to monitor and provide plan updates accordingly.

Attachments:

Appendix A- Frequently Asked Questions (FAQ's)

Appendix B- Coronavirus-like Illness Symptom Assessment Form

West Valley Water District

Frequently Asked Questions (FAQ's) — Coronavirus Disease (COVID-19)

What are the symptoms of COVID-19?

Patients with COVID-19 have had mild to severe respiratory illness with symptoms of:

- Fever
- Cough
- Shortness of breath

How Can Employees Protect Themselves?

Employees can help protect themselves from respiratory illness with everyday preventive actions.

- Avoid close contact with people who are sick,
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Wash your hands often with soap and water for at least 20 seconds. Use an alcohol-based hand sanitizer that contains at least 60% alcohol if soap and water are not available.

What to Do if You Think You are Sick:

Call ahead: If you are experiencing symptoms of COVID-19 and may have had contact with a person with COVID-19 or recently traveled to countries with apparent community spread, call your health care provider or local public health department first before seeking medical care so that appropriate precautions can be taken.

Also, consider using online systems offered through the District's health plans, to speak with a physician without visiting the medical provider in person.

Where do I find more information about COVID-19 and what local resources are available?

San Bernardino County Department of Public Health has established 2-1-1 as a call center to answer general questions from the public and are partnering with Inland Empire Health Plan (IEHP) to establish a nurse advice line for all San Bernardino County residents who have concerns about exposures or testing.

For more extensive and up-to-date information please visit:

- San Bernardino County Public Health Department
- CDC's Coronavirus Disease 2019 (COVID-19) Website
- CDPH's Coronavirus Disease 2019 (COVID-19) Website

How will the District decide to send an employee home and recommend seeking medical attention?

The District will monitor and observe employees daily to determine if Coronavirus-like symptoms such as cough, fever and shortness of breath exist. If fever and one or more of these symptoms are identified by management in consultation with HR, the employee will be sent home and recommended to seek medical care.

Will the District require employees to use sick leave if they have an illness?

Yes. The district will require employees to utilize available sick leave balances. If no sick leave is available, employees can use other available leave balances (vacation, comp time, administrative leave) or enter into an alternative employment agreement with the District (refer to policy for details).

If the District sends an employee home due to exhibiting signs of illness, how will other staff be notified?

The District will make every reasonable attempt to keep an employee's medical information confidential/private. If an employee is sent home because they exhibit signs of illness or they are confirmed positive for COVID-19, HR will take the lead to sanitize the employee's workstation. Medical providers will inform the CDC and the state's public health department if an employee tests positive for COVID-19 and take the proper steps to identify others who may have had contact with the infected employee.

Should employees wear a facemask to work even if they are not sick?

No. As advised by the CDC, in general facemasks are not suitable for employees to wear if they are not sick and they won't prevent illness. Employees should only wear a facemask if a healthcare professional recommends it. Facemasks in the workplace should be reserved for employees who appear to have illness symptoms and will be leaving the worksite.

Should employees self-quarantine if they believe they have been exposed to COVID-19, but are not showing signs of illness?

Yes. Employees who feel they have been exposed to COVID-19 are recommended to call their healthcare professional if they feel sick with fever, cough, or difficulty breathing, and have been in close contact with a person known to have COVID-19, or if they have recently traveled from an area with ongoing spread of COVID-19. The

employee's healthcare professional will work with the state's public health department and CDC to determine if they need to be tested for COVID-19 and whether a person ill with COVID-19 requires hospitalization or if home isolation is appropriate.

How will employees know if they have the Coronavirus?

Testing will be done by a medical professional to determine positive tests. The medical professional will determine the level of care and the need for and the appropriate length of quarantine. Employees with a positive COVID-19 diagnosis are required to receive a release to return to work from their physician and submit to HR before they will be authorized to return to the workplace.

Will employees be eligible to claim short term disability or California Paid Family Leave (PFL) if affected by the virus?

Yes. Employees have available various EDD support services, dependent on your particular situation, if affected by the virus. Refer to the policy for details or visit https://www.edd.ca.gov/about_edd/coronavirus-2019.htm for details.

Will employees be required to apply for Family Medical Leave (FMLA) in the event of illness?

Yes. Employees will be required to make a claim for FMLA for their own illness lasting more than three days and under the care of a physician or if they are caring for an ill family member. Contact H.R. for assistance,

What is the required quarantine period if an employee tests positive for the virus?

Employees who test positive for Coronavirus will be provided with the recommended quarantine period from their treating physician. Generally, employees are expected to be out from two weeks (mild cases) to six weeks (critical cases).

Will the District require a medical release to return to work?

Yes. The infected or sick employee will be required to provide a physician's release to return to work outlining any work restrictions. This release must be received by HR prior to returning to the work site.

Disclaimer: There is no feasible way to capture, identify and answer all questions that may arise from this fluid pandemic situation. This document is a living document; it will be updated as lessons are learned, as new information becomes available or as gaps are identified. This document is intended as a guidance document. The General Manager has the authority to make changes to this document and to delegate authority as necessary.

Employees with additional questions are encouraged to contact the General Manager.

Appendix A

Coronavirus-like Illness Symptom Assessment Form (CONFIDENTIAL)

Check all symptoms that apply:

	Fever temperature greater than 100.4 ⁰ F
	Cough
	Shortness of breath
	Respiratory symptoms

If you have a fever and one or more of the symptoms above:

	Coronavirus-like illness is suspected;
	Stay home and avoid contact with other people except to get medical care;
	Monitor symptoms and if they deteriorate, seek medical care immediately.
	If you have underlying medical conditions, contact your medical provider immediately.

Form completed by:

Name

Title

****INFORMATION CONTAINED IN THIS FORM IS STRICTLY CONFIDENTIAL**



COVID-19 Related Personnel Policies

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Administrative Policy Concerning the Provision of Notices in the Event of Workplace COVID-19 Exposures and Workplace COVID-19 Outbreaks 22

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AB 685 Workplace Exposure Notice to Employees..... 42

AB 685 Workplace Exposure Notice to Employee Organization(s)/Representatives..... 46

AB 685 Workplace Exposure Notice to Employer of Subcontracted Employees..... 48

AB 685 Compliant Workplace Outbreak Notice to Local Health Department (and Notice of Additional Cases)..... 51

AB 685 Compliant Notice to Local Health Department of Additional COVID-19 Cases..... 52

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Employee Request Form for Prospective COVID-19 Supplemental Paid Sick Leave (“SPSL”) 60

Employee Request Form for Retroactive COVID-19 Supplemental Paid Sick Leave (“SPSL”) 63

Employee Acknowledgement Form for Retroactive Request for COVID-19 Supplemental Paid Sick Leave (“SPSL”) 67

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Memorandum Recording Employee Attestation Of COVID-19 Vaccination Status..... 79

1400A Family and Medical Care Leaves

1400.1A *Statement of Policy; Concurrent Running of FMLA, CFRA and EFMLA Leaves*

The **West Valley Water District** provides family and medical care leave for eligible employees as required by State and federal law. Employees who misuse or abuse family and medical care leave may be disciplined up to and including termination. Employees who fraudulently obtain or use CFRA leave are not protected by the CFRA's job restoration or maintenance of health benefits provisions. This Policy is supplemented by the Federal Family and Medical Leave Act ("FMLA"), the California Family Rights Act ("CFRA"), and the Emergency Family and Medical Leave Expansion Act ("EFMLEA"). Unless otherwise stated in this Policy, "Leave" means leave pursuant to the FMLA and CFRA. **Leave provided under the EFMLEA will, hereinafter, be referred to as EFML.**

Unless otherwise provided by law, the **West Valley Water District** will run each employee's FMLA, CFRA, and EFMLEA leaves concurrently.

1400.2A *Definitions*

- (a) "12-Month Period" means a rolling 12-month period measured backward from the date leave is taken and continuous with each additional leave day taken. (29 CFR § 825.200(b)(4); 2 Cal.Code Regs § 11090(b).)
- (b) "Single 12 Month Period" means a 12-month period which begins on the first day the eligible employee takes FMLA leave to take care of a covered servicemember and ends 12 months after that date. (29 CFR § 825.200(f).)
- (c) "Child" or "son or daughter" means a child under the age of 18 years of age, or 18 years of age or older who is incapable of self-care because of a mental or physical disability. An employee's child is one for whom the employee has actual day-to-day responsibility for care, and includes a biological, adopted, foster or step-child. A child is "incapable of self care" if he/she requires active assistance or supervision to provide daily self-care in three or more of the activities of daily living or instrumental activities of daily living, such as caring for grooming and hygiene, bathing, dressing and eating, cooking, cleaning shopping, taking public transportation, paying bills, maintaining a residence, or using telephones and directories. (29 CFR §§ 825.102, 826.010; Gov. Code § 12945.2(c)(1).)
- (d) "Parent" means the biological parent of an employee or an individual who stands or stood in loco parentis (in place of a parent) to an employee when the employee was a child. This term does not include parents-in-law. (29 CFR § 825.102; Gov. Code § 12945.2(c)(7).)

- (e) “Spouse” means one or two persons to a marriage, regardless of the sex of the persons, and for purposes of CFRA leave, includes a registered domestic partner as defined below. (29 CFR § 825.102; Fam. Code § 300; 2 Cal.Code Regs § 11087(r).)
- (f) “Domestic Partner” is another adult with whom the employee has chosen to share their life in an intimate and committed relationship of mutual caring and with whom the employee has filed a Declaration of Domestic Partnership with the Secretary of State, and who meets the criteria specified in California Family Code section 297. A legal union formed in another state that is substantially equivalent to the California domestic partnership is also sufficient. (Fam. Code § 299.2.)
- (g) “Serious Health Condition” means an illness, injury impairment, or physical or mental condition that involves:
- 1) Inpatient Care in a hospital, hospice, or residential medical care facility, including any period of incapacity (e.g., inability to work or perform other regular daily activities due to the serious health condition, treatment involved, or recovery therefrom). A person is considered “inpatient” when a health care facility admits him or her to the facility with the expectation that he or she will remain at least overnight, even if it later develops that such person can be discharged or transferred to another facility, and does not actually remain overnight; or
 - 2) Continuing treatment by a health care provider: A serious health condition involving continuing treatment by a health care provider includes any one or more of the following:
 - a. A period of incapacity (i.e., inability to work, or perform other regular daily activities) due to serious health condition of more than three consecutive calendar days; and
 - b. Any subsequent treatment or period of incapacity relating to the same condition, that also involves:
 - i. Treatment two or more times by a health care provider, by a nurse or physician’s assistant under direct supervision by a health care provider, or by a provider of health care services (e.g., a physical therapist) under orders of, or on referral by a health care provider; or
 - ii. Treatment by a health care provider on at least one occasion which results in a regimen of continuing treatment under the supervision of the health care provider. This includes, for example, a course of prescription medication or therapy requiring special equipment to resolve or alleviate the health condition. If the medication is over the counter, and can be initiated without a visit to a health care provider, it does not constitute a regimen of continuing treatment.

- 3) Any period of incapacity due to pregnancy or for prenatal care. (29 CFR § 825.120; Gov. Code § 12945.2(c)(8).) Note that pregnancy is a “serious health condition” only under the FMLA. Under California law, an employee disabled by pregnancy is entitled to pregnancy leave. (*See* Policy 808, Leave Because of Pregnancy, Childbirth, or Related Medical Condition.)
 - 4) Any period of incapacity or treatment for such incapacity due to a chronic serious health condition. A chronic serious health condition is one which:
 - i. Requires periodic visits for treatment by a health care provider, or by a nurse or physician’s assistant under direct supervision of a health care provider;
 - ii. Continues over an extended period of time (including recurring episodes of a single underlying condition); and
 - iii. May cause episodic rather than a continuing period of incapacity (e.g., asthma, diabetes, epilepsy, etc.). Absences for such incapacity qualify for leave even if the absence lasts only one day.
 - 5) A period of incapacity that is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by health care provider.
 - 6) Any period of absence to receive multiple treatments (including any period of recovery therefrom) by a health care provider or by a provider of health care services under orders of, or on referral by, a health care provider, either for restorative surgery after an accident or other injury, or for a condition that would likely result in a period of incapacity of more than three consecutive calendar days in the absence of medical intervention or treatment. (29 CFR § 825.113; Gov. Code § 12945.2(c)(8); 2 Cal.Code Regs § 11087(q)(1).)
- (h) “Health Care Provider” means the following if used to refer to the individual(s) who provides health care to the employee:
- 1) A doctor of medicine or osteopathy who is authorized to practice medicine or surgery in the State of California;
 - 2) Individuals duly licensed as a physician, surgeon, or osteopathic physician or surgeon in another state or jurisdiction, including another country, which directly treats or supervises treatment of a serious health condition;
 - 3) Podiatrists, dentists, clinical psychologists, optometrists, and chiropractors (limited to treatment consisting of manual manipulation of the spine to correct a subluxation

as demonstrated by x-ray to exist) authorized to practice in California and performing within the scope of their practice as defined under California State law;

- 4) Nurse practitioners and nurse-midwives and clinical social workers who are authorized to practice under California State law and who are performing within the scope of their practice as defined under California State law;
 - 5) Christian Science practitioners listed with the First Church of Christ, Scientist in Boston, Massachusetts; and
 - 6) Any health care provider from whom an employer or group health plan's benefits manager will accept certification of the existence of a serious health condition to substantiate a claim for benefits. (29 CFR § 825.102; Gov. Code § 12945.2(c)(6).)
- (i) "Child Care Provider," for purposes Emergency Family and Medical Leave ("EFML") means a provider who receives compensation for providing child care services on a regular basis. The term includes a center-based child care provider, a group home child care provider, a family child care provider, or other provider of child care services for compensation that is licensed, regulated, or registered under State law; and satisfies the State and local requirements. However, under the Families First Coronavirus Response Act ("FFCRA"), the eligible child care provider need not be compensated or licensed if he or she is a family member or friend, such as a neighbor, who regularly cares for the employee's child.
- (j) "Health care provider," for the purposes of employees who may be exempted from EPSL, means an employee who is capable of providing health care services (29 CFR §§ 825.102 and 825.125), meaning the employee is employed to provide diagnostic services, preventive services, treatment services, or other services that are integrated with and necessary to the provision of patient care and, if not provided, would adversely impact patient care. This includes:
- a. A doctor of medicine or osteopathy who is authorized to practice medicine or surgery (as appropriate) by the State in which the doctor practices (29 CFR §§ 825.102 and 825.125);
 - b. Any other person determined by the Secretary to be capable of providing health care services (29 CFR §§ 825.102 and 825.125);
 - c. Podiatrists, dentists, clinical psychologists, optometrists, and chiropractors (limited to treatment consisting of manual manipulation of the spine to correct a subluxation as demonstrated by X-ray to exist) authorized to practice in the State and performing within the scope of their practice as defined under State law;

- d. Nurse practitioners, nurse-midwives, clinical social workers and physician assistants who are authorized to practice under State law and who are performing within the scope of their practice as defined under State law;
 - e. Christian Science Practitioners listed with the First Church of Christ, Scientist in Boston, Massachusetts. Where an employee or family member is receiving treatment from a Christian Science practitioner, an employee may not object to any requirement from an employer that the employee or family member submit to examination (though not treatment) to obtain a second or third certification from a health care provider other than a Christian Science practitioner except as otherwise provided under applicable State or local law or collective bargaining agreement;
 - f. Any health care provider from whom an employer or the employer's group health plan's benefits manager will accept certification of the existence of a serious health condition to substantiate a claim for benefits;
 - g. A health care provider listed above who practices in a country other than the United States, who is authorized to practice in accordance with the law of that country, and who is performing within the scope of his or her practice as defined under such law; and
 - h. Nurses, nurse assistants, medical technicians, and any other persons who directly provide services described above, employees who perform services under the supervision, order, or direction of, or providing direct assistance to, a person described above, and employees who are otherwise integrated into and necessary to the provision of health care services, such as laboratory technicians who process test results necessary to diagnoses and treatment. This does not, however, include employees who are not directly involved in the provision of health care services, even if their services could affect the provision of health care services, such as IT professionals, building maintenance staff, human resources personnel, cooks, food services workers, records managers, consultants, and billers. (29 CFR 826.30(c)(1)(ii).)
- (k) "Covered active duty" means: 1) in the case of a member of a regular component of the Armed Forces, duty during deployment of the member with the Armed Forces to a foreign country; or 2) in the case of a member of the reserve component of the Armed Forces, duty during the deployment of members of the Armed Forces to a foreign country under a call or order to active duty under certain specified provisions. (29 CFR § 825.102.)
- (l) "Covered Servicemember" means: 1) a current member of the Armed Forces, including a member of the National Guard or Reserves, who is undergoing medical treatment, recuperation, or therapy, is otherwise in outpatient status, or is otherwise on the temporary disability retired list, for a serious injury or illness; or 2) a veteran who is undergoing medical treatment, recuperation, or therapy, for a serious injury or illness and

who was a member of the Armed Forces, including a member of the National Guard or Reserves, at any time during the period of five years preceding the date on which the veteran undergoes that medical treatment, recuperation, or therapy. (29 CFR § 825.102 & 825.122.)

- (m) “Outpatient Status” means, with respect to a covered servicemember, the status of a member of the Armed Forces assigned to either: (1) a military medical treatment facility as an outpatient; or (2) a unit established for the purpose of providing command and control of members of the Armed Forces receiving medical care as outpatients. (29 CFR § 825.102.)
- (n) “Next of Kin of a Covered Servicemember” means the nearest blood relative other than the covered servicemember’s spouse, parent, son, or daughter, in the following order of priority: blood relatives who have been granted legal custody of the covered servicemember by court decree or statutory provisions, brothers and sisters, grandparents, aunts and uncles, and first cousins, unless the covered servicemember has specifically designated in writing another blood relative as his or her nearest blood relative for purposes of military caregiver leave under the FMLA. (29 CFR § 825.102.)
- (o) “Serious Injury or Illness” means: 1) in the case of a member of the Armed forces, including a member of the National Guard or reserves, means an injury or illness that a covered servicemember incurred in the line of duty on active duty in the Armed Forces (or existed before the beginning of the member’s active duty and was aggravated by the service in the line of duty on active duty in the Armed Forces) and that may render the servicemember medically unfit to perform the duties of the member’s office, grade, rank, or rating; or 2) in the case of a veteran who was a member of the Armed Forces, including a member of the National Guard or Reserves, means an injury or illness that was incurred by the member in the line of duty on active duty in the Armed Forces (or existed before the beginning of the member’s active duty and was aggravated by service in the line of duty on active duty in the Armed Forces) and that manifested itself before or after the member became a veteran. (29 CFR § 825.102.)
- (p) “Emergency responder” means the following:
- a. Anyone necessary for the provision of transport, care, healthcare, comfort and nutrition of such patients, or others needed for the response to COVID-19; or
 - b. Anyone who serves in the military or national guard, or as a law enforcement officer, correctional institution personnel, fire fighter, emergency medical services personnel, physician, nurse, public health personnel, emergency medical technician, paramedic, emergency management personnel, 911 operator, child welfare worker and service provider, public works personnel, and persons with skills or training in operating specialized equipment or other skills needed to provide aid in a declared emergency, as well as individuals who work for such facilities employing these individuals and whose work is necessary to maintain the operation of the facility.

1400.3A *Reasons for Leave*

Leave is only permitted for the reasons listed below.

- (a) The birth of a child or to care for a newborn of an employee; (29 CFR § 825.120; Gov. Code § 12945.2(c)(3)(A));
- (b) The placement of a child with an employee in connection with the adoption or foster care of a child; (29 CFR § 825.121; Gov. Code § 12945.2(c)(3)(A));
- (c) Leave to care for a child, parent, spouse, or domestic partner who has a serious health condition; (29 CFR § 825.113; Gov. Code § 12945.2(c)(3)(A) & (B));
- (d) Leave because of a serious health condition that makes the employee unable to perform any one or more essential functions of his/her position; (29 CFR § 825.113; Gov. Code § 12945.2(c)(3)(C));
- (e) Leave for a variety of “qualifying exigencies” arising out of the fact that an employee’s spouse, son, daughter, or parent is on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation (29 CFR § 825.126 -- This is a FMLA leave and not a CFRA leave); or
- (f) Leave to care for a spouse, son, daughter, parent, or “next of kin” who is a covered servicemember of the U.S. Armed Forces who has a serious injury or illness: incurred in the line of duty while on active military duty; or existed before the beginning of the member’s active duty and was aggravated by service in the line of duty on active duty in the Armed Forces. This leave can run up to 26 weeks of unpaid leave during a single 12-month period. (29 CFR § 825.127 -- This is a FMLA leave and not a CFRA leave.)
- (g) **EFML due to an inability to work (or telework) because the employee needs to provide care for the employee’s son or daughter under the EFMLEA. (FMLA Sec. 110 (a)(2)(A).) (Subject to section 806.19 below.)**

1400.4A *Employees Eligible For Leave*

An employee is eligible for leave if:

- (a) The employee has been employed by the **West Valley Water District** for at least 12 months; and
- (b) The employee has been employed by the **West Valley Water District** for at least 1,250 hours during the 12-month period immediately preceding the commencement of the leave; and

- (c) The **West Valley Water District** directly employs at least 50 full or part-time employees within a 75-mile radius for each working day during each of 20 or more calendar workweeks in the current or preceding calendar year. The workweeks do not have to be consecutive. The phrase “current or preceding calendar year” refers to the calendar year in which the employee requests the leave or the calendar year preceding this request. (29 CFR § 825.109(d)-29 CFR § 825.111; Gov. Code § 12945.2(a) & (b); 2 Cal.Code Regs §§ 11087(d)(1) & 11087(e).)

An employee is eligible for 12 weeks of parental leave to bond with a new child within one year of the child’s birth, adoption or foster care placement if:

- (a) The employee has been employed by the **West Valley Water District** for at least 12 months; and
- (b) The employee has been employed by the **West Valley Water District** for at least 1,250 hours during the 12-month period immediately preceding the commencement of the leave; and
- (c) The **West Valley Water District** directly employs at least 20 full or part-time employees within a 75-mile radius. (Gov. Code § 12945.6(a)(1).)

1400.5A *Amount of Leave*

Eligible employees are entitled to a total of 12 workweeks (or 26 workweeks to care for a covered servicemember) of leave during any 12-month period. If FMLA leave qualifies as both military caregiver leave and care for a family member with a serious health condition, the leave will be designated as military caregiver leave first. (29 CFR § 825.127.)

1400.6A *Minimum Duration of Leave*

- (a) If leave is requested for the birth, adoption or foster care placement of a child of the employee, leave must be concluded within one year of the birth or placement of the child. In addition, the basic minimum duration of such leave is two weeks. However, an employee is entitled to leave for one of these purposes (e.g. bonding with a newborn) for less than two weeks duration on any two occasions. (2 Cal.Code Regs § 11090(d).)
- (b) If leave is requested to care for a child, parent, spouse or the employee him/herself with serious health condition, there is no minimum amount of leave that must be taken. However, compliance with the notice and medical certification provisions in this Policy is required. (29 CFR § 825.205; 2 Cal.Code Regs § 11090(e).)

1400.7A *Parents both Employed by the West Valley Water District*

If both parents of a child, adoptee, or foster child are employed by the **West Valley Water District** and are entitled to bonding leave, the aggregate number of workweeks of leave to which both may be entitled may be limited to 12 workweeks during any 12-month period. (29 CFR §

825.120(a)(3).) If both parents of a covered servicemember are employed by the **West Valley Water District** and are entitled to leave to care for a covered servicemember, the aggregate number of workweeks of leave to which both may be entitled is limited to 26 work weeks during the 12-month period. This limitation does not apply to any other type of leave under this Policy. (29 CFR § 825.127(f).)

1400.8A Employee Benefits While On Leave

- (a) **Group Health Insurance During Unpaid Leave:** Leave under this Policy is unpaid. While on unpaid leave, employees will continue to be covered by the **West Valley Water District's** group health insurance for up to 12 weeks each leave year to the same extent that coverage is provided while the employee is on the job. If the employee is disabled by pregnancy, coverage will continue up to four months each leave year. If an employee disabled by pregnancy also uses leave under the CFRA for baby-bonding, the **West Valley Water District** will maintain her coverage while she is disabled by pregnancy (up to four months or 17 1/3 weeks) and during her CFRA leave (up to 12 weeks). (Gov. Code §§ 12945(a)(2)(A) & 12945.2(s).)
- (b) **Benefit Plans Not Provided through the District's Group Health Plan During Unpaid Leave Do Not Continue:** The **West Valley Water District** does not pay for benefit plans that are not part of the group health plan for any employee on unpaid leave. As a result, employees will not continue to be covered under the **District's** benefit plans that are not provided through the **District's** group health plans while the employee is on unpaid leave. (2 Cal. Code Regs § 11092(e).)

OR ...

- (c) **Benefit Plans Not Provided through the District's Group Health Plan During Unpaid Leave Do Continue:** While on unpaid leave, employees will continue to be covered by the **District's** benefits plans that are not part of its group health plan for up to 12 weeks each leave year to the same extent that coverage is provided while the employee is on the job. (2 Cal.Code Regs § 11092(e).)
- (d) **Payment of Premiums:** Employees may make the appropriate contributions for continued coverage under the health benefits plans by payroll deductions (if the employee is using his or her paid leave) or direct payments (if the employee is not using his or her paid leave). The **West Valley Water District** will inform the employee whether the direct payments for premiums should be paid to the carrier or to the **West Valley Water District**, and the deadlines for paying premiums in order to prevent coverage from being dropped. Employee contribution rates are subject to any changes in rates that occur while employee is on leave.
- (e) **Recovery of Premium if the Employee Fails to Return from Leave:** If an employee fails to return to work after his/her leave entitlement has been exhausted or expires, the **West Valley Water District** shall have the right to recover its share of health plan premiums for the entire leave period, unless the employee does not return because of the continuation, recurrence, or onset of a serious health condition of the employee or his/her family member which would entitle the employee to leave, or because of circumstances

beyond the employee's control. (29 CFR § 825.213; Gov. Code § 12945.2(f)(1); 2 Cal.Code Regs § 11092(c)(5).)

1400.9A *Substitution of Paid Accrued Leaves*

Although family and medical care leave is unpaid, an employee may elect and the **West Valley Water District** will require an employee to concurrently use all paid accrued leaves during family and medical care leave as described below.

1400.10A *Employee's Right to Use Paid Accrued Leave Concurrently with Family Leave*

An employee may use any earned or accrued paid leave except sick leave for all or part of any unpaid family and medical care leave. An employee is entitled to use sick leave concurrently with family and medical care leave for the employee's own serious health condition or that of the employee's parent, spouse, domestic partner or child. (Gov. Code § 12945.2(e); Labor Code §§ 233 & 246.5(a)(1).)

1400.11A *West Valley Water District's Right to Require an Employee to use Paid Leave when using FMLA/CFRA Leave*

Except as provided in Section 806.19, employees must use and exhaust their accrued leaves concurrently with family and medical care leave to the same extent that employees have the right to use their accrued leaves concurrently with family and medical care leave with two exceptions:

- (a) Employees are not required to use paid leave during leave pursuant to a disability plan that pays a portion of the employee's salary while on leave unless the employee agrees to use paid leave to cover the unpaid portion of the disability leave benefit; (29 CFR § 825.207(d); 2 Cal.Code Regs. § 11092(b)(2) & (3)); and
- (b) An employee must agree to use accrued sick leave to care for a child, parent, spouse or domestic partner. (Gov. Code § 12945.2(e); 2 Cal.Code Regs § 11092(b).)

1400.12A *West Valley Water District's Right to Require an Employee to Exhaust FMLA/CFRA Leave Concurrently with Other Leaves*

If an employee takes a leave of absence for any purpose which also qualifies under both the FMLA and CFRA, the **West Valley Water District** will designate that leave as running concurrently with the employee's 12-week FMLA/CFRA leave entitlement.

1400.13A *West Valley Water District's and Employee's Rights if an Employee Requests Accrued Leave without Mentioning FMLA or CFRA*

If an employee requests to utilize accrued vacation leave or other accrued paid time off without reference to a FMLA/CFRA qualifying purpose, the **West Valley Water District** may not ask the employee if the leave is for a FMLA/CFRA qualifying purpose. (2 Cal.Code Regs § 11092(b)(4)(A).) However, if the **West Valley Water District** denies the employee's request

and the employee provides information that the requested time off is for a FMLA/CFRA qualifying purpose, the **West Valley Water District** may require the employee to exhaust accrued leave as described above. (2 Cal.Code Regs § 11092(b)(4)(A)(1).)

1400.14A Medical Certification/ Recertification

Employees who request leave must provide a medical certification and/or recertification to support the need for the leave as described below:

- (a) **Employee’s Own Serious Health Condition:** Employees who request leave for their own serious health condition must provide written certification from the health care provider that contains all of the following: the date, if known, on which the serious health condition commenced; the probable duration of the condition; and a statement that, due to the serious health condition, the employee is unable to work at all or is unable to perform any one or more of the essential functions of his or her position. (Gov. Code § 12945.2(j)(2); 2 Cal. Code Regs § 11087(a)(2); 2 Cal.Code Regs § 11091(b)(2).) Upon expiration of the time period the health care provider originally estimated that the employee needed for his/her own serious health condition, the employee must obtain recertification if additional leave is requested. (Gov. Code § 12945.2(j)(2); 2 Cal. Code Regs § 11091(b)(2); 29 CFR § 825.308.)
- (b) **Family Member Serious Health Condition:** Employees who request leave to care for a child, parent, domestic partner or a spouse who has serious health condition must provide written certification from the health care provider of the family member requiring care that contains all of the following: the date, if known, on which the serious health condition commenced; the probable duration of the condition; an estimate of the amount of time which the health care provider believes the employee needs to care for the child, parent, domestic partner, or spouse, and a statement that the serious health condition warrants the participation of the employee to provide care during a period of treatment or supervision of the child, parent or spouse. The term “warrants the participation of the employee” includes, but is not limited to, providing psychological comfort, and arranging third party care for the covered family member, as well as directly providing, or participating in, the medical care. (Gov. Code § 12945.2(k)(1); 2 Cal.Code Regs § 11087(a)(1); 2 Cal.Code Regs § 11091(b)(1).) Upon expiration of the time period the health care provider originally estimated that the employee needed to care for a covered family member, the employer must obtain recertification if additional leave is requested. (Gov. Code § 12945.2(j)(2); 2 Cal.Code Regs § 11091(b)(1); 29 CFR § 825.308.)
- (c) **Servicemember Serious Injury or Illness:** Employees who request FMLA leave to care for a covered servicemember who is a child, spouse, parent or “next of kin” of the employee, must provide written certification from a health care provider regarding the injured servicemember’s serious injury or illness. (29 CFR § 825.310.) The **West Valley Water District** will verify the certification as permitted by the FMLA regulations. (29 CFR § 825.310(e) &(f).)

- (d) **Qualifying Exigency:** The first time an employee requests FMLA leave because of a qualifying exigency, an employee may require the employee to provide a copy of the military member's active duty orders or other documentation issued by the military which indicates that the military member is on covered active duty or call to active duty status in a foreign country, and the dates of the military member's active duty service. A copy of the new active duty orders or similar documentation shall be provided to the **West Valley Water District** if the need for leave because of a qualifying exigency arises out of a different active duty or call to active duty status of the same or a different military member. (29 CFR § 825.309.) The **West Valley Water District** will verify the certification as permitted by the FMLA regulations. (29 CFR § 825.309(d).)

1400.15A Time to Provide a Medical Certification

When an employee has provided at least 30 days' notice for a foreseeable leave, the employee must provide a medical certification before the leave begins. When this is not possible, the employee must provide the medical certification to the **West Valley Water District** within the time frame requested by the **West Valley Water District** (which must allow at least 15 calendar days after the employer's request), unless it is not practicable under the particular circumstances to do so despite the employee's diligent, good faith efforts. (2 Cal.Code Regs § 11091(b)(3); 29 CFR § 825.305(b).)

1400.16A Consequences for Failure to Provide an Adequate or Timely Certification

If an employee provides an incomplete medical certification, the employee will be given a reasonable opportunity to cure any such deficiency. (2 Cal.Code Regs § 11091(b)(3); 29 CFR § 825.313(a) & (b).) However, if an employee fails to provide a medical certification within the time frame established in this Policy, the **West Valley Water District** may delay the taking of FMLA/CFRA leave until required certification is provided, or deny FMLA/CFRA protections following the expiration of the time period to provide an adequate certification. (2 Cal.Code Regs § 11091(b)(3); 29 CFR § 825.313(a).)

1400.17A Director of Human Resources Review of the Contents of Medical Certification for Employee's Own Serious Health Condition

- (a) **Complete and Sufficient:** The employee must provide a certification for his or her own serious health condition that is complete and sufficient to support the request for leave. A certification is incomplete if one or more of the applicable entries on the certification form have not been completed. A certification is insufficient if the information on the certification form is vague, ambiguous, or not responsive. If the certification is incomplete or insufficient, the **Director of Human Resources** will give the employee written notice of the deficiencies and seven days to cure, unless a longer period is necessary in light of the employee's diligent, good faith efforts to address the deficiencies. (29 CFR § 825.305(c).)
- (b) **Authentication and Clarification:** After giving the employee an opportunity to cure the deficiencies in a medical certification for the employee's own serious health condition,

the **Director of Human Resources** may contact the health care provider who provided the certification to clarify and/or authenticate the certification. “Authentication” means providing the health care provider with a copy of the certification form and requesting verification that the information on the form was completed or authorized by the health care provider who signed the form. “Clarification” means contacting the health care provider to understand the handwriting on the medical certification or to understand the meaning of the response. The **Director of Human Resources** may not ask for additional information beyond that required on the certification form. (29 CFR § 825.307(a).)

1400.18A ***Second and Third Medical Opinions For Employee’s Own Serious Health Condition***

If the **West Valley Water District** has a good faith, objective reason to doubt the validity of a certification for the employee’s serious health condition, the **West Valley Water District** may require a medical opinion of a second health care provider chosen and paid for by the **West Valley Water District**. If the second opinion is different from the first, the **West Valley Water District** may require the opinion of a third provider jointly approved by the **West Valley Water District** and the employee, but paid for by the **West Valley Water District**. The opinion of the third provider will be binding. (29 CFR § 825.307(b) & (c); 2 Cal.Code Regs § 11091(b)(2)(A).) The **West Valley Water District** must provide the employee with a copy of the second and third medical opinions, where applicable, without cost, upon the request of the employee. (29 CFR § 825.307(d); 2 Cal.Code Regs § 11091(b)(2)(D).)

1400.19A ***Intermittent Leave or Leave on a Reduced Leave Schedule***

If an employee requests leave intermittently (a few days or hours at a time) or on a reduced leave schedule for his or her own serious health condition, or to care for an immediate family member with serious health condition, the employee must provide medical certification that such leave is medically necessary. “Medically necessary” means there must be a medical need for the leave and that the leave can best be accomplished through an intermittent or reduced leave schedule. (2 Cal.Code Regs § 11090(e); 29 CFR § 825.202(b).) The **West Valley Water District** may require an employee who certifies the need for a reduced schedule or intermittent leave to temporarily transfer to an alternate position of equivalent pay and benefits that better accommodates the leave schedule. (2 Cal.Code Regs § 11090(e)(1); 29 CFR § 825.204.)

1400.20A ***Employee Notice of Leave***

Although the **West Valley Water District** recognizes that emergencies arise which may require employees to request immediate leave, employees are required to give as much verbal or written notice as possible of their need for leave. (29 CFR § 825.304(a).) If leave is foreseeable, at least 30 days’ notice is required. In addition, if an employee knows that he/she will need leave in the future, but does not know the exact day(s) (e.g. for the birth of a child or to take care of a newborn), the employee shall inform his/her supervisor as soon as possible that such leave will be needed. (29 CFR § 825.302(a); 2 Cal.Code Regs § 11091(a)(2) & (3).) For foreseeable leave due to a qualifying exigency, an employee must provide verbal or written notice of the need for leave as

soon as practicable, regardless of how far in advance such leave is foreseeable. (29 CFR § 825.302(a).)

1400.21A Reinstatement Upon Return From Leave

- (a) **Reinstatement to Same or Equivalent Position:** Upon expiration of leave, an employee is entitled to be reinstated to the position of employment held when the leave commenced, or to an equivalent position with equivalent benefits and pay. Employees have no greater rights to reinstatement, benefits, and other conditions of employment than if the employee had been continuously employed during the FMLA/CFRA period. (2 Cal.Code Regs § 11087(f) & (g); 2 Cal.Code Regs § 11089(a); 29 CFR § 825.214-215; 29 CFR § 825.216.)
- (b) **Date of Reinstatement:** If a definite date of reinstatement has been agreed upon at the beginning of the leave, the employee will be reinstated on the date agreed upon. If the reinstatement date differs from the original agreement of the employee and the **West Valley Water District**, the employee will be reinstated within two business days, where feasible, after the employee notifies the employer of his/her readiness to return. (2 Cal.Code Regs § 11089(c)(1) & (2).)
- (c) **Employee’s Obligation to Periodically Report on His/Her Condition:** Employees may be required to periodically report on their status and intent to return to work. This will avoid any delays to reinstatement when the employee is ready to return. (29 CFR § 825.311.)
- (d) **Fitness for Duty Certification:** As a condition of reinstatement of an employee whose leave was due to the employee’s own serious health condition, which made the employee unable to perform his or her job, the employee must obtain and present a fitness-for-duty certification from the health care provider stating that the employee is able to resume work. Failure to provide such certification will result in denial of reinstatement. (Gov. Code § 12945.2(k)(4); 29 CFR § 825.312.)
- (e) **Reinstatement of “Key Employees”:** The **West Valley Water District** may deny reinstatement to a “key” employee (i.e., an employee who is among the highest paid 10 percent of all employed by the **West Valley Water District** within 75 miles of the worksite) if such denial is necessary to prevent substantial and grievous economic injury to the operations of the **West Valley Water District**, and the employee is notified of the **West Valley Water District**’s intent to deny reinstatement on such basis at the time the employer determines that such injury would occur. (Gov. Code § 12945.2(r)(1); 29 CFR §§ 825.217-219.)

1400.22A Required Forms

Employees must complete the applicable forms to receive family and medical care leave. The forms may be found at the **Human Resources Department**.

1400.23A Emergency Family and Medical Leave Expansion Act (“EFMLEA”)

(a) Eligibility

Employees are entitled to up to 12 weeks of job-protected EFML if the employee satisfies the following requirements:

- (1) The employee has worked for the **West Valley Water District** for at least 30 calendar days (FMLA Sec. 110(a)(1)(A));
- (2) The employee is unable to work (or telework) due to a need to care for the son or daughter (under 18 years of age or 18 years of age or older who is incapable of self-care because of a mental or physical disability) who's school or place of care has been closed, or who's child care provider is unavailable due to a COVID-19 emergency declared by either a Federal, State, or local authority. (29 U.S.C. § 2611 (12); 5 U.S.C. § 6381 (6); 29 CFR §§ 825.102, 826.10);
- (3) The employee has not used all available FMLA leave. EFML is a form of FMLA leave, and is not in addition to any other FMLA leave;
- (4) There is no other suitable person (*e.g.*, co-parent, co-guardian, or normal child care provider) available to care for the employee's son or daughter during the period for which the Employee takes EFML; and
- (5) The **West Valley Water District** did not exempt the employee as either a "health care provider" or "emergency responder."

An employee who is laid off or otherwise terminated on or after March 1, 2020 and who is rehired on or before December 31, 2020 will be eligible for unused EFML provided that the employee had been on the **West Valley Water District's** payroll for 30 or more of the 60 calendar days prior to the date the employee was laid off or otherwise terminated. Unused EFML will not be reinstated after December 31, 2020.

(b) Paid Leave

The first ten (10) days of EFML may consist of unpaid leave. During this period, the employee may elect to use EPSL, as described in section 804.1 above, if the employee has not exhausted such leave through use at the **West Valley Water District** or prior employer. If the employee has exhausted the EPSL to which they are entitled, an employee may use their earned and accrued leaves to supplement their unpaid EFML compensation they receive under EFML in order to achieve 100% of the pay they would normally receive in a given week for working their regularly scheduled hours. Use of such accrued and unused leave will run concurrently with use of EFML.

After the tenth day, and for the remaining ten (10) weeks of EFML, an employee is entitled to compensation for such leave at two-thirds (2/3) of the employee's regular rate of pay, subject to a cap of \$200 per day and \$10,000 total. (FMLA Sec. 110(b).) During this period, the employee is not entitled to supplement the EFML with earned or accrued

leave provided by the West Valley Water District. However, per an agreement between the **West Valley Water District** and an employee or employee's employee organization, employees may supplement the compensation they receive under EFML (paid up to the specified limitations under the FFCRA) with their earned or accrued leaves in order to achieve 100% of the pay they would normally receive in a given week for working their regularly scheduled hours.

An eligible employee is entitled to a maximum of twelve workweeks of FMLA leave during the period in which the leave may be taken (between April 1, 2020 to December 31, 2020) even if the twelve workweeks spans two FMLA leave twelve-month period.

(c) Employee Notice

Where the need to use EFML is foreseeable, the employee shall provide the West Valley Water District with such notice as soon as practicable. Where the need for EFML is foreseeable, the employee requesting such leave must provide notice of their request for such leave before taking the leave. If the need for EFML is not foreseeable, the employee may take such leave without providing their employer prior notice, but must still provide notice to the employer as soon thereafter as is practicable.

After the first workday for which an employee takes EFML that was not foreseeable, the West Valley Water District may require that the employee provide reasonable notice for the usage of such as soon as is practicable thereafter.

An employee may provide notice of the need to use EFML orally or in writing, or may provide such notice through the employee's spokesperson (e.g., spouse, adult family member, or other responsible party) if the employee is unable to provide such notice him or herself.

If an employee fails to provide proper notice, the **West Valley Water District** will provide the employee notice of the failure and provide the employee an opportunity to provide the required documentation, described below, prior to denying the request for leave.

(d) Certification or Documentation of Need for Leave

In order to certify the need for EFML, the employee must provide the following information prior to taking leave:

- (1) Employee's name;
- (2) Date(s) for which leave is requested;
- (3) Qualifying reason for the leave;
- (4) Oral or written statement that the employee is unable to work because of the qualified reason for leave;
- (5) The name of the son or daughter being cared for;
- (6) The name of the school, place of care, or child care provider that has closed or become unavailable; and
- (7) A representation that no other suitable person (*e.g.*, co-parent, co-guardian, or normal child care provider) will be caring for the son or daughter during the period for which the Employee takes Emergency Family and Medical Leave.

(e) Restoration to Prior Position

An employee who uses EFML is entitled to reinstatement to their prior position unless the position held by the employee does not exist due to economic conditions or other changes in operating conditions caused by a public health emergency during the period of leave such that the employee who not otherwise have been employed at the time of reinstatement. (FMLA Sec. 110(d).)

(f) Intermittent Leave

Per an agreement between the **West Valley Water District** and an employee or employee's employee organization, an employee may take intermittent EFML if that employee has requested leave to care for their son or if the school or place of care of the son or daughter has been closed, or the child care provider of such son or daughter is unavailable, due to COVID-19 precautions.

(g) Supplementing Other Earned or Accrued Leaves

If an employee takes EFML after taking all or a part of his or her EPSL for a reason other than leave to care for their son or daughter, all or part of the employee's first 10 days of EFML may be unpaid because the employee will have exhausted his or her EPSL entitlement. In such circumstances, the employee may choose to use earned or accrued leaves provided by the **West Valley Water District** pursuant to established paid leave policies in order to achieve 100% of the pay they would normally receive in a given week for working their regularly scheduled hours. Such leave will run concurrently with the unpaid portion of the EFML.

Beginning on the eleventh day of EFMLA, per an agreement between the **West Valley Water District** and an employee or employee's employee organization, employees may supplement the compensation they receive if taking leave under EFML Leave (paid up to the specified limitations under the FFCRA) with their earned or accrued leaves in order to achieve 100% of the pay they would normally receive in a given week for working their regularly scheduled hours.

(i) Exemptions

The West Valley Water District may exempt from the this leave to any employee who is a "health care provider" or "emergency responder," as defined in Section 806.2(i)-(j) above.

- (1)** The **West Valley Water District** has designated the following positions as healthcare providers: N/A

The **West Valley Water District** has designated the following positions as emergency responders:

General Manager
 Assistant General Manager
 Director of Governmental & Legislative Affairs
 Chief Financial Officer
 Director of Operations
 Director of Human Resources & Risk Management
 Director of General Services
 Director of Finance
 Director of Engineering
 Senior Engineer
 Operations Manager
 Business System Manager
 Board Secretary
 Chief Water System Operator
 Associate Engineer w/P.E.
 Supervising Waer System Operator
 Purchasing Supervisor

Customer Service Supervisor
 Executive Assistant Confidential
 Government and Legislative Affairs Analyst
 Human Resources Specialist
 Human Resources Analyst
 Information Technology Administrator
 GIS Administrator
 Development Coordinator I/II
 Purchasing Analyst
 Public Affairs Analyst
 Information Technology Specialist
 Electrical and Instrument Specialist
 Accountant
 Water Quality Specialist
 Assistant Engineer
 Engineering Technician II/III
 Accounting Specialist Lead
 Water System Operator Assistant/I/II/III/ Lead
 Electrical and Instrument Technician
 Engineering Technician II
 Customer Service Lead
 Accounting Specialist II/III
 Field Operations Specialist II
 Engineering Specialist II
 Customer Service Representative I/II/III
 Purchasing Inventory Specialist I

(h) Expiration

The provision of this section shall expire on December 31, 2020 or when the Emergency Family and Medical Leave Expansion Act is no longer effective.

Administrative Policy Concerning the Provision of Notices in the Event of Workplace COVID-19 Exposures and Workplace COVID-19 Outbreaks

Preamble

The purpose of the California Occupational Safety and Health Act of 1973 is to ensure healthy and safe working conditions for all workers. (Labor Code § 6300, *et seq.*)

On September 17, 2020, Governor Newsom signed into law Assembly Bill (“AB”) 685. AB 685 codifies at Labor Code section 6409.6 statutory notice requirements where there is either: (1) a potential COVID-19 exposure at a **West Valley Water District** worksite or facility; or (2) a COVID-19 Outbreak at a **West Valley Water District** worksite or facility. (Lab. Code § 6409.6.) These statutory requirements become effective on January 1, 2021.

On November 19, 2020, the Occupational Safety and Health Standards Board (“OSHSB”) promulgated new Cal/OSHA regulations, including those related to notice requirements in the event of a potential workplace exposures and workplace COVID-19 Outbreaks. (8 C.C.R. § 3205-3205.2.) These statutory requirements became effective on November 30, 2020.

This policy addresses both statutory and regulatory requirements and demonstrates the **West Valley Water District’s** compliance with its obligations.

Statement of Policy

The purpose of this policy is to ensure the **West Valley Water District’s** full and faithful compliance with the notice requirements set forth in Labor Code section 6409.6 and in the California Code of Regulations (“C.C.R.”) Title 8 Sections 3205 through 3205.2.

This policy is also intended to ensure healthy and safe working conditions for all **West Valley Water District** employees by providing the following: (1) notices of potential workplace exposures to the virus that causes COVID-19 to all employees, employee organizations, and employers of an affected contracted employee; and (2) notices to the local health department in the event of a workplace COVID-19 Outbreak.

Authority

The **West Valley Water District** adopts this policy pursuant to its police powers, Labor Code section 6409.6 and Title 8 Sections 3205 through 3205.2.

Compliance

The **West Valley Water District** will fully and faithfully comply with any and all applicable laws and regulations, including, but not limited to, the obligations set forth in Labor Code, the

California Code of Regulations, the Fair Employment and Housing Act (“FEHA”), and the Confidentiality of Medical Information Act (“CMIA”) in the administration of this policy and associated protocol.

Definitions

“Close Contact” means being within six feet of a COVID-19 Positive Individual for a cumulative total of 15 minutes or greater in any 24-hour period within or overlapping with the Infectious Period as defined by this section.

“Close Contact Notice” means a notice sent to an employee after the **West Valley Water District** determines that the employee had a Close Contact exposure. The Close Contact Notice will include the following: (1) notice of the employee’s potential Close Contact; (2) information concerning the employee’s quarantine period and exclusion from **West Valley Water District** worksites and facilities; (3) intention by the **West Valley Water District** to request authorization from Cal/OSHA and the local health department to allow the **West Valley Water District** to return the employee to work prior to the employee completing the full quarantine period; (4) the requisite criteria for the employee to end quarantine and return to a **West Valley Water District** worksites; (5) offer of COVID-19 testing; (6) information about the availability of teleworking during quarantine; (7) qualification to receive continued maintenance of employee earnings, seniority, and other employee rights and benefits; (8) information on COVID-19-related benefits under applicable federal, state, or local laws; (9) assurance that personal identifying information will be kept confidential; and (10) entitlement to access to records concerning the potential exposure.

“COVID-19 Positive Individual” means any of the following: (1) An individual with a laboratory-confirmed case of COVID-19; (2) An individual diagnosed as positive for COVID-19 diagnosis by a licensed health care provider; (3) An individual who is subject to COVID-19-related isolation order issued by a local or state public health official; (4) An individual who later died due to COVID-19 related illness as determined by the local health department or by inclusion in the COVID-19 statistics of the county.

“Infectious Period” means the period of time beginning two (2) days before the presentation of symptoms for symptomatic individuals and two (2) days before the test which yielded a positive test result for asymptomatic individuals through the end of the isolation period recommended by the Centers for Disease Control and Prevention (“CDC”), which as of the date of the adoption of this policy, is: (1) ten (10) days *after the first presentation of symptoms*; (2) resolution of fever for at least 24 hours, without the use of fever-reducing medications; and (3) improvement of other symptoms for symptomatic individuals, and ten (10) days *after the date of their first positive test for COVID-19 for asymptomatic individuals*. *The current CDC guidance on the duration of isolation may be found at the following web address: <https://www.cdc.gov/coronavirus/2019-ncov/hcp/duration-isolation.html>*

“*Outbreak*” means three (3) or more laboratory-confirmed cases of COVID-19 among employees who live in different households within a two (2) week period according to the California Department of Public Health (“CDPH”). *The current CDPH guidance on*

outbreaks in non-healthcare and non-residential congregate setting workplaces may be found in at the following web address: <https://files.covid19.ca.gov/pdf/employer-playbook-for-safe-reopening--en.pdf> (See also 8 C.C.R. § 3205.1(a)(1).)

Policy

Scope of Coverage:

This policy will apply with equal force to all **West Valley Water District** worksites and facilities. This policy will not apply to teleworking employees working exclusively remotely from a location other than a **West Valley Water District** worksites and facilities.

Effective Dates:

This Policy shall become effective immediately upon adoption, and will remain operative unless provided otherwise by the **General Manager**.

Notice to Employees and Employee Organizations in the Event of a Potential Workplace COVID-19 Exposure:

If the **West Valley Water District** or one of the **West Valley Water District**'s representatives receives notice of a potential workplace exposure to the virus that causes COVID-19, the **West Valley Water District** will undertake each of the following actions within one (1) day of receiving such notice:

1. Provide written notice to all employees, and the employers of any individuals who provide contracted services for the **West Valley Water District** who were on the premises at the same worksite as the COVID-19 Positive Individual during that individual's Infectious Period. The West Valley Water District may provide such notice by personal service, email, text message, or other means that are reasonably anticipated to provide such notice to the employee, or employer in the case of individuals who provide contracted services for the **West Valley Water District**, within one (1) business day. The West Valley Water District will provide such notice in both English and the language understood by the majority of the employees.
2. Provide written notice to any employee organizations that represent employees who will receive such notices, as described above.

The notice should include the following information: (1) the COVID-19 Positive Individual's name; (2) the COVID-19 Positive Individual's job title; (3) the date of onset of the illness; (4) the location where the illness occurred; (5) a description of the illness; and (6) classification of the most serious result of the illness (e.g., death, hospitalization, days away from work, or telework).

3. Provide all employees who may have been exposed and the exclusive representative, if any, with information regarding COVID-19-related benefits to which the employee may be entitled under applicable federal, state, or local laws, including, but not limited to, under Title 8 of the California Code of Regulations Section 3205, workers' compensation, and options for exposed employees, including any COVID-19-related leave, contractual paid sick leave, state-mandated leave, supplemental sick leave, or other negotiated leave provisions. If the exposure was a Close Contact exposure, the **West Valley Water District** will provide the employee a Close Contact Notice, advising of additional entitlements under Title 8 Section 3205.
4. Provide all employees who may have been exposed and the exclusive representative, if any, with information regarding the anti-retaliation and anti-discrimination protections to which the employee is entitled.
5. Provide all employees, and the employers of individuals who provide contracted services for the **West Valley Water District**, and the exclusive representative, if any, on the **West Valley Water District's** disinfection and safety plan that the employer plans to implement and complete per the guidelines of the CDC. The CDC guidance for cleaning and disinfecting public spaces and workplaces is provided at the following web address: <https://www.cdc.gov/coronavirus/2019-ncov/community/reopen-guidance.html>
6. Provide Close Contact Notice to employees who the **West Valley Water District** determines may have had Close Contact exposure to a COVID-19 Positive Individual while on premises at a **West Valley Water District** worksite or facility.

Notice to Local County Public Health Department in the Event of a Workplace COVID-19 "Outbreak":

If the **West Valley Water District** or one of the **West Valley Water District's** representatives receives notice that the number of COVID-19 cases satisfies the definition of a COVID-19 Outbreak, the **West Valley Water District** will undertake each of the following actions within forty-eight (48) hours of receiving such notice:

1. Provide the local county public health department the number of COVID-19 Positive Individuals, and the following information about each case:
 - a. Name(s);
 - b. Contact information
 - c. Occupation;
 - d. Workplace location/principal worksite
2. Provide the local county public health agency information about the worksite:
 - a. The workplace/worksite address;
 - b. The NAICS code of the worksite where the COVID-19 Positive Individuals work.

The **West Valley Water District** will continue to provide notice to the local county public health department of any subsequent laboratory-confirmed cases of COVID-19 at the worksite.

Non-Retaliation:

The **West Valley Water District** will not retaliate against any employee for disclosing a positive COVID-19 test or diagnosis or public health order to quarantine or isolate.

Record Retention:

The **West Valley Water District** will maintain and retain records of the written notices provided to employees, the employers of any individuals who provide contracted services for the **West Valley Water District**, employee organizations, and the local county department of public health for a period of at least three (3) years.

Records Containing Personally Identifiable Employee Information:

The **West Valley Water District** will not provide records containing personally identifiable employee information if requested under the California Public Records Act (“CPRA”), post such information on a public internet website, or share such information with any state agency, other than Cal/OSHA, or any other federal agency unless compelled to do so by law.

Emergency Telecommuting Policy

Purpose:

The purpose of the Emergency Telecommuting Policy is to ensure the continuity of essential **West Valley Water District** services and functions in the event that an emergency or disaster disrupts operations at the **West Valley Water District's** worksites and facilities.

The **West Valley Water District** will implement this Policy in keeping with the mission of the **West Valley Water District** and the respective Department. This Policy is an emergency policy and the **General Manager** has discretion to withdraw the Policy if deemed necessary.

The **General Manager** shall designate and authorize specific times in which an Emergency Telecommuting Agreement (“ETA” or “Agreement”) shall apply. Any ETA is subject to the terms and conditions set forth in this Policy below.

Eligibility Criteria:

Telecommuting may not be suitable for all job classifications, positions, or employees.

The **General Manager**, or his or her designee, possess the discretionary authority to determine the job classifications, positions, and employees who may telecommute under this Policy.

The **General Manager**, or his or her designee, may make such determination using criteria including, but not limited to, the following:

1. The operational needs of the **West Valley Water District** and employee’s department and division;
2. The disruption of or potential for disruption to the **West Valley Water District's** functions;
3. The ability of the employee to perform his or her job duties (both essential and marginal) from a location other than the employee’s normal workplace at an **West Valley Water District** worksite (“Alternate Worksite”) without diminishing the quantity or quality of the work performed;
4. The degree to which the employee’s job functions require face-to-face interaction with other **West Valley Water District** employees and members of the public;
5. The portability of the employee’s work, including the employee’s ability to remotely access tools, equipment, and materials necessary to perform his or her job functions;
6. The ability to create a functional, reliable, safe, and secure Alternate Worksite for the employee at a reasonable cost;

7. The risk factors associated with performing the employee's job duties from a location other than the employee's normal workplace at an **West Valley Water District** worksite;
8. The **West Valley Water District's** capacity to monitor and measure the employee's work performance at the Alternate Worksite;
9. The employee's supervisory responsibilities;
10. The employee's need for supervision;
11. Other considerations deemed necessary and appropriate by the employee's immediate supervisor, Division Head, Department Head, **General Manager** and the **Director of Human Resources & Risk Management**.

Telecommute Assignment:

1. Any ETA is only valid for the time period specified in the Agreement. The Agreement is invalid after this time unless the **West Valley Water District** approves an extension in writing. The **West Valley Water District** may, in its discretion, decide to terminate the Agreement earlier.
2. Employee acknowledges and agrees that the ETA is temporary and subject to the discretion of management. Telecommuting will be approved on a case-by-case basis consistent with the eligibility criteria above.
3. Non-exempt employees who receive overtime shall be assigned a work schedule in the ETA, including rest and meal breaks ("Work Schedule"). Any deviation from the Work Schedule must be approved in advance, in writing, by management. Non-exempt employees must take meal and rest breaks while telecommuting, just as they would if they were reporting to work at their **West Valley Water District** worksite. Non-exempt employees may not telecommute outside their normal work hours without prior written authorization from their supervisor. A non-exempt employee who fails to secure written authorization before telecommuting outside his or her normal work hours may face discipline in accordance with the **West Valley Water District's** policy for working unauthorized overtime.
4. Telecommuting employees are required to be accessible in the same manner as if they are working at their **West Valley Water District** worksite during the established telecommuting Work Schedule, regardless of the designated location for telecommuting, or "Alternate Worksite." Employees must be accessible via telephone, email, and/or network access to their supervisor and other **West Valley Water District** employees while telecommuting, as if working at their **West Valley Water District** worksite. Employees shall check their **West Valley Water District**-related business phone messages and emails on a consistent basis, as if working at their **West Valley Water District** worksite.
5. Employees shall work on a full-time basis, according to the Work Schedule. Employees are required to maintain an accurate record of all hours worked at the Alternate Worksite and

make that record available to his or her supervisor upon request. Employees shall record all non-productive work time on his/her timesheet.

6. While telecommuting, employees shall adhere to the following:
 - a. Be available to the department via telephone and/or email during all ETA designated work hours.
 - b. Have the Alternate Worksite be quiet and free of distractions, with reliable and secure internet and/or wireless access.
 - c. All periods of employees' unavailability must be approved in advance by management in accordance with department policy and documented on the appropriate leave of absence slip.
 - d. Employees shall ensure dependent care will not interfere with work responsibilities.
 - e. Employees must notify their supervisor promptly when unable to perform work assignments because of equipment failure or other unforeseen circumstances.
 - f. If the **West Valley Water District** has provided **West Valley Water District**-owned equipment, employees agree to follow the **West Valley Water District's** Policy for the use of such equipment. Employees will report to their supervisor any loss, damage, or unauthorized access to **West Valley Water District** owned equipment, immediately upon discovery of such loss, damage, or unauthorized access.

General Duties, Obligations and Responsibilities:

Employees must adhere to the provisions set forth in this Policy and the terms of the ETA. Any deviation from the ETA requires prior written approval from the **West Valley Water District**.

1. All existing duties, obligations, responsibilities and conditions of employment remain unchanged. Telecommuting employees are expected to abide by all **West Valley Water District** and departmental policies and procedures, rules and regulations, applicable Memoranda of Understanding, and all other official **West Valley Water District** documents and directives.
2. Employees authorized to perform work at an Alternate Worksite must meet the same standards of performance and professionalism expected of **West Valley Water District** employees in terms of job responsibilities, work product, timeliness of assignments, and contact with other **West Valley Water District** employees and the public.
3. Employees shall ensure that all official **West Valley Water District** documents are retained and maintained according to the normal operating procedures in the same manner as if working at a **West Valley Water District** worksite.
4. Employees may receive approval to use personal computer equipment or be provided with **West Valley Water District** issued equipment at the discretion of the [City/General Manager].
5. Where the **West Valley Water District** allows, but does not require, an employee to telecommute under the ETA, the **West Valley Water District** shall not be responsible for costs associated with the use of computer and/or cellular equipment, including energy, data or maintenance costs, network costs, home maintenance, home workspace furniture, ergonomic equipment, liability for third party claims, or any other incidental costs (e.g., utilities associated with the employee's telecommuting).
6. Employees may receive a virtual private network ("VPN") account, as approved by the **General Manager**.
7. Employees shall continue to abide by practices, policies and procedures for requests of sick, vacation and other leaves of absences. Requests to work overtime, declare vacation or take other time off from work must be pre-approved in writing by each employee's supervisor. If an employee becomes ill while working under an ETA, he/she shall notify his/her supervisor immediately and record on his/her timesheet any hours not worked due to incapacitation.
8. Employees must take reasonable precautions to ensure their devices (e.g., computers, laptops, tablets, smart phones, etc.) are secure before connecting remotely to the **West Valley Water District's** network and must close or secure all connections to **West Valley Water District** desktop or system resources (e.g., remote desktop, VPN connections, etc.) when not conducting work for the **West Valley Water District**.

- Employees must maintain adequate firewall and security protection on all such devices used to conduct **West Valley Water District** work from the Alternate Worksite.
9. Employees shall exercise the same precautions to safeguard electronic and paper information, protect confidentiality, and adhere to the **West Valley Water District's** records retention policies, especially as it pertains to the Public Records Act. Employees must safeguard all sensitive and confidential information (both on paper and in electronic form) relating to **West Valley Water District** work they access from the Alternate Worksite or transport from their **West Valley Water District** worksite to the Alternate Worksite. Employees must also take reasonable precautions to prevent third parties from accessing or handling sensitive and confidential information they access from the Alternate Worksite or transport from their **West Valley Water District** worksite to the Alternate Worksite. Employees must return all records, documents, and correspondence to the **West Valley Water District** at the termination of the ETA or upon request by their supervisor, Department Head or Human Resources.
 10. Employees' salary and benefits remain unchanged. Workers' Compensation benefits will apply only to injuries arising out of and in the course of employment as defined by Workers' Compensation law. Employees must report any such work-related injuries to their supervisor immediately. The **West Valley Water District** shall not be responsible for injuries or property damage unrelated to such work activities, including injuries to third persons when said injuries occur at the Alternate Worksite.
 11. All of Employees' existing supervisory relationships, lines of authority and supervisory practices remain in effect. Prior to the approval of this Agreement, supervisors and employees shall agree upon a reasonable set of goals and objectives to be accomplished. Supervisors shall use reasonable means to ensure that timelines are adhered to and that goals and objectives are achieved.
 12. Any breach of the telecommuting agreement by the employee may result in termination of the Agreement and/or disciplinary action, up to and including termination of employment.

Emergency Telecommuting Agreement

Employee Acknowledgement:

I, the undersigned employee (“Employee”), have read the Emergency Telecommuting Policy and the Emergency Telecommuting Agreement (“ETA” or “Agreement”) in their entirety and I agree to abide by the terms and conditions they contain. I understand and agree that the ETA is temporary and contingent upon **General Manager** approval. Approval does not imply entitlement to a permanently modified position or a continued telecommute arrangement.

I understand and agree that the ETA is voluntary and may be terminated at any time. I further understand that the **West Valley Water District** may, at any time, change any or all of the conditions under which approval to participate in the ETA is granted, with or without notice.

I agree to and understand my duties, obligations and responsibilities. I also understand it is my responsibility to provide adequate advance notification to my supervisor if I am unable to keep any of the agreed upon commitments and/or deliverables. If I fail to do so, I understand this Agreement may be immediately terminated.

The Agreement is valid from _____ to _____. I understand this Agreement expires on _____ and may not continue unless the **West Valley Water District** approves a new ETA in writing. The **West Valley Water District** may rescind this Agreement at any time.

Regularly Assigned Place of Employment: The days and hours the **West Valley Water District** expects the Employee to be physically present at the **West Valley Water District** Worksite are the following:

Day	Morning		Lunch	Afternoon		Total Hours
	Start	End		Start	End	
Sunday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						

Alternate Worksite: The location and address of the Alternate Worksite is:

Street Address

Zip Code State

The phone number to reach Employee at the Alternative Worksite while working under this Agreement is:

_____.

The days and hours (“Work Schedule”) the West Valley Water District permits the Employee to be physically present at the Alternate Worksite are the following:

Table with 7 columns: Day, Morning (Start, End), Lunch, Afternoon (Start, End), Total Hours. Rows for Sunday through Saturday.

The Employee agrees to report work-related injuries to the Employee’s supervisor at the earliest reasonable opportunity. The Employee agrees to hold the West Valley Water District harmless for injury to third parties at the Alternate Worksite.

I hereby affirm by my signature that I have read this Emergency Telecommuting Agreement, and understand and agree to all of its provisions.

Employee's Name and Title Date

Employee's Supervisor's Name and Title Date

Director's Name Date

Director of Human Resources & Risk Management

Submit the completed and executed Agreement to _____

Agreement for Repayment of Leave Pay

Pursuant to **West Valley Water District’s** COVID-19 policies, in the event that an employee has exhausted all sick leave, vacation, compensatory time off, an employee may accrue up to eighty (80) **additional hours** of sick leave, according to the terms below.

Based on mutual written agreement between the employee whose signature is affixed below (hereinafter, the “Employee”) and **West Valley Water District**, the amount of extra sick leave hours preset must be restored through accrual deductions until the preset additional hours have a zero balance. Payroll will deduct the additional hours of sick leave provided to the Employee in accordance with this Agreement.

Employee acknowledges and understands that, except as modified by this Agreement, all **West Valley Water District** policies, procedures, regulations, and Memoranda of Understanding remain in full force and effect.

Employee acknowledges and understands that this is an emergency agreement between the **West Valley Water District** and the Employee and is not intended to be a binding practice. The **West Valley Water District** may prospectively change the terms of this Agreement at any time, based on changing circumstances and information known about COVID-19. The **West Valley Water District** will notify the Employee of any changes to this Agreement and will comply with all applicable laws regarding notice to bargaining units, as required.

Reason for Leave:

The Employee is requesting Leave for one of the following reasons (*Note to Employee: Employee should mark Reason with “X” or their initials, and provide other information as applicable*)

_____ Leave because of the closure or unavailability of my son or daughter’s school(s) or child care provider(s) for reasons related to COVID-19.

The name of my son or daughter for whom I am providing caring is:

The name of my son or daughter’s school, place of care, or child care provider that is closed or unavailable is:

I certify that there is no other suitable person available to care for my son or daughter during the period of such leave:

_____ Leave because I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19. The government agency that has issued the quarantine or isolation order is:

The government agency that has issued the quarantine or isolation order is

_____ Leave because I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

The name of the health care provider who has advised me to self-quarantine due to concerns related to COVID-19 is:

_____ Leave because I am experiencing symptoms associated with COVID-19.

_____ Leave because I am caring for an individual who is subject to a Federal, State, or local quarantine or isolation order related to COVID-19 or been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

The government agency that has issued the quarantine or isolation order is:

OR

The name of the health care provider who advised the individual for whom I am providing care to self-quarantine is:

Repayment:

Commencing on **[Provide date]**, until the sick leave advanced is repaid, Employee agrees to forego their biweekly:

- Sick Leave Accrual
 - Vacation Leave Accrual
 - Other Leave Accrual
- Specify: _____

Employee understands and fully acknowledges that they are required to repay the **West Valley Water District** the number of hours of sick leave Employee accrues under this Agreement within **[Provide number of days]** of the date of the last leave day Employee’s use.

If Employee leaves **West Valley Water District** employment for any reason prior to the full repayment of the sick leave accrual, Employee consents to the withholding of the amount necessary to repay the **West Valley Water District** for the sick leave advance from Employee’s last payroll warrant. If any amount remains due after Employee has separated from the **West Valley Water District**, Employee agrees to pay the remaining balance back to the **West Valley Water District** within 60 business days of Employee’s date of separation from employment. Employee understands that if they fail to repay the full balance of the sick leave accrual, the **West Valley Water District** will commence litigation to recover the balance due.

Date: _____

Employee Signature: _____

Director of Human Resources & Risk Management Signature:

Notice Directing Employee Not to Return to Work Due to Risk of COVID-19 Infection and Transmission

CONFIDENTIAL MEMORANDUM

To:
From:
Date:
Re: NOTICE OF DIRECTIVE TO EMPLOYEE TO NOT RETURN TO WORK
 AND OPPORTUNITY TO USE SICK LEAVE OR OTHER LEAVE

The **West Valley Water District** has a duty under the law, including the California Occupational Safety and Health Act (“Cal-OSHA”) (Labor Code section 6400, *et seq.*), to maintain safe and healthy working conditions for its employees.

As part of the **West Valley Water District’s** obligation to maintain a healthy and safe working environment under Cal-OSHA, the **West Valley Water District** is directing you to remain at home and not report to work. Specifically, the **West Valley Water District** is directing that you do not report to work due to one or more of the following reasons:

- (1) Positive test for COVID-19;
- (2) You are presenting one or more symptoms associated with COVID-19 as identified by the Centers for Disease Control and Prevention (“CDC”) (See full list of symptoms that the CDC associates with COVID-19 here: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>);
or
- (3) You have had “close contact” exposure to someone with a laboratory confirmed case of COVID-19. “Close contact” exposure is defined as: (a) contact within 6 feet; (b) for 15 or more minutes; (c) with someone who has a laboratory confirmed case and is in the “infectious period” of the having disease. The “infectious period” begins the two days before either: (a) the individual first presented symptoms associated with COVID-19, for symptomatic individuals; or (b) the test that resulted in the positive diagnosis, for asymptomatic individuals. The “infectious period” concludes when the CDC guidance provides for the discontinuation of the isolation period (See CDC guidance on discontinuing home isolation for persons with COVID-19 not in healthcare settings here: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>)

Criteria in order to Return to Work:

You may *not* return to work until you satisfy the minimum criteria in order to return to work as provided by the California Department of Public Health (“CDPH”) (See CDPH applicable criteria here: <https://files.covid19.ca.gov/pdf/employer-playbook-for-safe-reopening--en.pdf> (See chart on pages 14-16.)

Alternatively, if you are presenting symptoms associated with COVID-19 *and* have not tested positive for COVID-19 or had a “close contact” exposure to someone who has tested positive for COVID-19 within the last 14 days, you may provide a certification from your health care provider that the symptoms you are presenting are not associated with COVID-19.

Teleworking:

If your job functions allow you to telework from your home or place of residence while you are self-isolating or self-quarantining and to do so without imposing an undue hardship on the **West Valley Water District** and its operations, the **West Valley Water District** will make reasonable efforts to allow you to do so while you are not able to report to the workplace.

Leave Status:

If you are unable to telework while not reporting to the workplace and wish to be paid during this time, you may be entitled to Emergency Paid Sick Leave (“EPSL”) and compensation as provided by the Families First Coronavirus Response Act (“FFCRA”).

If you are not qualified to receive such EPSL compensation, but wish to be paid during this time, you may need to use paid sick leave or another paid leave that you have earned or accrued and for which you possess a sufficient balance.

Right to Respond:

You may provide a written or verbal response to this Notice. Your written response must be received by the **Director of Human Resources** within five (5) working days of your return to work.

If you wish to provide a verbal response, you must advise the **Director of Human Resources** of that fact by contacting him/her at [provide contact information] no later than the close of business of [provide date]. The **Director of Human Resources** will set up a conference for you to present any response to this Notice after you return to work.

This conference is not designed to be a formal evidentiary hearing, but you may be represented by legal counsel or another individual of your choice.

Your failure to provide a written response or to request a conference will constitute a **waiver** of your right to provide a response. Accordingly, the **Director**’s decision to either sustain, modify, or reject this action will be based upon a review of this Notice.

The **Director of Human Resources** will provide you with written notice of his/her/their determination within **five (5)** business days of the response conference.

SIGNATURE: _____

Notice Regarding Confirmed Cases of COVID-19 at the Workplace

Dear **West Valley Water District** Community,

I am writing you in order to provide you information concerning a recent confirmed case of COVID-19 at the **West Valley Water District**.

On [provide date], the **West Valley Water District** became aware that an **West Valley Water District** employee tested positive for COVID-19. The individual tested positive on [provide date]. The individual's last day at work was [provide date].

While I understand that this information may cause you concern and that you may have questions about the identity of the employee who tested positive, their work location, and recent work history, I want to assure you that the **West Valley Water District** is undertaking all the steps recommended by the California Department of Public Health ("CDPH") concerning management of workplace outbreaks. These measures include, but are not limited to, the following:

- Removal of the positive employee from the workplace and instruction to that individual not to report to the workplace until the individual satisfies the recommended self-isolation period;
- Investigation of that individual's recent work history in order to identify any other **West Valley Water District** employees with whom the employee may have had "close contact";
- Identification of and communication with any employees who may have had "close contact" exposure to the individual;
- Instruction to any such employees to remain at their home or place of residence and not report to work until satisfying the recommended self-quarantine period;
- Communication and coordination with the County Public Health Department, if necessary; and
- Cleaning and disinfecting of the individual's workstation as well as any tools, equipment, materials and **West Valley Water District** vehicles that the individual may have used during their "infectious period."

While I understand that the information about your co-worker's positive diagnosis may cause you concern, I hope that the steps undertaken by the **West Valley Water District** provide you some assurance that the **West Valley Water District** is taking seriously its responsibility to provide you a healthy and safe workplace in which to work.

The **West Valley Water District** is strictly observing its obligations under the Confidentiality of Medical Information Act ("CMIA") to protect the confidentiality of the medical information of the individual who tested positive for COVID-19 and any other employees who may have had "close contact" to that individual. Therefore, the **West Valley Water District** will not be

disclosing the identity of the individual who has tested positive for COVID-19 or other information that could lead to the identification of the individual.

As provided above, the **West Valley Water District** has contacted or will be contacting those employees with whom the individual had “close contact” in order for those individuals to self-quarantine and to seek the advice of their health care provider. If you have not been contacted, please be assured that it is the **West Valley Water District’s** understanding that you did not have “close contact” to the individual during their “infectious period”.

We wish our **[community member]** a swift recovery and thank them for notifying the **West Valley Water District** directly.

Should you have any questions, please do not hesitate to contact **[provide contact name]** at **[provide contact information]**.

Sincerely,

[Insert Name]

[Insert Title]

AB 685 Workplace Exposure Notice to Employees

To: [Insert Affected Employee’s Name/E-mail]
From: West Valley Water District
Date: [Insert Date]
Re: NOTICE OF POTENTIAL WORKPLACE EXPOSURE TO VIRUS THAT CAUSES COVID-19 - LABOR CODE SECTION 6409.6

Under Labor Code section 6409.6, the **West Valley Water District** has an obligation to notify you that, on [Insert Date], you and an individual with COVID-19 were both present at a **West Valley Water District**. This notice serves to inform you that you may have been exposed to the virus that causes COVID-19 as a result of your presence at the **West Valley Water District** on that date.

At this time, the **West Valley Water District** is working to determine the nature and circumstances of the COVID-19 positive individual’s activities at the **West Valley Water District**, and whether the individual had any “close contact” interactions¹ with individuals at the **West Valley Water District**. If we determine that you may have had “close contact” exposure, we will provide you additional instructions to supplement the instructions provided herein.

Direction Not to Return to Work Under Certain Circumstances

As part of the **West Valley Water District**’s obligation to maintain a healthy and safe working environment under Cal-OSHA, the **West Valley Water District** is directing you to remain at your home or place of residence and not report to work if any of the following apply to you:

- (1) You have tested positive for COVID-19;
- (2) You are currently presenting one or more symptoms associated with COVID-19 as identified by the Centers for Disease Control and Prevention (“CDC”) (See full list of symptoms that the CDC associates with COVID-19 here: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>); or
- (3) You are aware that you have had “close contact” exposure to someone with a laboratory confirmed case of COVID-19.

¹ “Close contact” exposure means: (1) contact within 6 feet; (2) for a cumulative total of 15 or more minutes over a 24-hour period; (3) with someone who has a laboratory confirmed case and is in the “infectious period” of the having disease. The “infectious period” begins the two (2) days before either: (1) the individual first presented symptoms associated with COVID-19, for symptomatic individuals; or (2) the test that resulted in the positive diagnosis, for asymptomatic individuals. The “infectious period” concludes when the CDC guidance provides for the discontinuation of the isolation period (See CDC guidance on discontinuing home isolation for persons with COVID-19 not in healthcare settings here: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>)

If any of the above currently apply to you, please remain at your home or place of residence and do not report to work. Furthermore, please provide notice to the **West Valley Water District** as soon as possible if you are unable to report to work because of one of the above enumerated circumstances. If **West Valley Water District** policy permits you to telework, you should discuss the possibility of doing so with your supervisor or manager, file the appropriate request form required by **West Valley Water District's [Insert Name of Telecommuting/Telework Policy]**, and otherwise comply with **West Valley Water District's Emergency Telecommuting Policy WWD Emergency Telecommuting/Telework Policy**.

If you are unable to report to work for one of the reasons identified above, you may be eligible and qualified to receive statutory or agency-provided leave and benefits during your time away from work. Your ability to telework may affect eligibility for such leaves and benefits. Upon request, the **West Valley Water District** Department of Human Resources will provide you specific information on the leaves that are or may be available to you. This notice provides information about some of the leaves that may be available depending on your particular circumstance.

The West Valley Water District's Plan for Cleaning and Disinfecting the Workplace

As the **West Valley Water District** continues to investigate the specific locations where the COVID-19 positive individual was present, the **West Valley Water District** will begin to implement the cleaning and disinfection plan adopted pursuant to guidance from the CDC.

As part of this plan, the **West Valley Water District** will undertake the following measures in order to ensure that the workplace is healthy and safe for **West Valley Water District** employees:

- Closing off all areas used by the COVID-19 positive individual;
- Waiting 24 hours before cleaning or disinfecting affected areas to protect those performing cleaning and disinfecting;
- Opening outside doors and windows to increase air circulation in the areas used by the COVID-19 positive individual;
- Cleaning and disinfecting all areas used by the COVID-19 positive individual, such as offices, bathrooms, common areas, shared electronic equipment like tablets, touch screens, keyboards, remote controls, and ATM machines, with disinfectants approved by the CDC and the Environmental Protection Agency ("EPA"); and
- Vacuuming the affected areas used by the COVID-19 positive individual, if needed, with a high-efficiency particulate air ("HEPA") filter, if available, and taking additional precautions while vacuuming to reduce the risks of transmitting the virus that causes COVID-19 into the air near vacuumed surfaces.

The **West Valley Water District** will also continue to enforce its COVID-19 **Testing and Screening Policies/Protocols]** to satisfy its duty to provide a healthy and safe work environment for employees.

You May Be Eligible for Leave, Pay and/or Other Related Benefits

The **West Valley Water District** is obligated to inform you that you may be eligible for statutory or agency-provided leave or benefits under federal and state law should you present symptoms associated with COVID-19 or contract COVID-19. Further, if your exposure was a close contact exposure and the **West Valley Water District** directs you to quarantine as a result, you may be entitled to pay during the quarantine period.

Leave

Eligibility for the aforementioned leaves and/or benefits is governed by applicable statutes for such leaves and/or benefits as well as the **West Valley Water District's** policies regarding such leaves and/or benefits. If you would like information on potentially applicable leaves or benefits, please contact the **West Valley Water District's** Department of Human Resources.

Pay

If your exposure was a close contact exposure and the **West Valley Water District** directs you to quarantine as a result, you may be entitled to pay during the quarantine period.

If you are able and available to telework and your essential job duties allow for you to telework, the **West Valley Water District** may allow you to telework during the quarantine or isolation period. The **West Valley Water District** will provide such employees their normal compensation for work performed remotely.

If you are able and available to telework, but your essential job duties do not allow for you to telework, the **West Valley Water District** will require that you use any earned or accrued paid sick leave that you have available in order to provide for your compensation during the quarantine or isolation period.

If you have exhausted your earned or accrued paid sick leave or otherwise do not have any such leave, the **West Valley Water District** will provide you paid administrative leave during the quarantine or isolation period.

Other Related Benefits

If your exposure was a close contact exposure and the **West Valley Water District** directs you to quarantine as a result, you may be entitled to other related benefits during the quarantine period.

The **West Valley Water District** will continue to provide and will maintain your seniority, and all other employee rights and benefits for the duration of a quarantine period resulting from a workplace exposure where you are otherwise able and available to work.

Discrimination and Retaliation Protections While on Leave

Federal and/or state law prohibits the **West Valley Water District** from discriminating or retaliating against **West Valley Water District** employees who qualify for any of the aforementioned leaves and/or benefits.

Furthermore, the **West Valley Water District** will not retaliate against any employee for disclosing the results of a positive COVID-19 test or diagnosis or any order to the employee to quarantine or isolate for reasons related to COVID-19.

AB 685 Workplace Exposure Notice to Employee Organization(s)/Representatives

To: [Insert Name of Employee Organization Representative for Affected Employees]
From: West Valley Water District
Date: [Insert Date]
Re: CONFIDENTIAL: NOTICE OF REPRESENTED EMPLOYEE’S POTENTIAL WORKPLACE EXPOSURE TO VIRUS THAT CAUSES COVID-19 - LABOR CODE SECTION 6409.6

CONFIDENTIAL COMMUNICATION REGARDING REPRESENTED EMPLOYEE MEDICAL INFORMATION

Under Labor Code section 6409.6, the **West Valley Water District** has an obligation to notify you that employees represented by **International Union of Operating Engineers, Local 12** may have been exposed to the virus that causes COVID-19. On [Insert Date], employees represented by **International Union of Operating Engineers, Local 12** and an individual with COVID-19 were present at a **West Valley Water District**. This notice serves to inform you that **West Valley Water District** employees represented by your **International Union of Operating Engineers, Local 12** may have been exposed to the virus that causes COVID-19 as a result of their presence at the **worksite/facility** on that date.

At this time, the **West Valley Water District** is working to determine the nature and circumstances of the COVID-19 positive individual’s activities at the **worksite/facility**, and whether the individual had any “close contact” interactions² with individuals at the **worksite/facility**. If we determine that represented employees may have had “close contact” exposure, we will provide those represented employees with additional instructions to supplement the instructions provided herein.

List of Currently Known COVID-19 Positive Employee(s)/Individual(s)

The **West Valley Water District** provides all information in the [table below/attached Cal/OSHA Form 300] pursuant to Labor Code section 6409.6 (c):

Name of COVID-19 Positive Employee /Individual	Job Title of COVID-19 Positive Employee(s)	Date of Onset of Illness	Location(s) Where Illness Occurred	Description of the Illness	Classification of Most Serious Result of Illness	Number of Days Away from Work or Other Work Restriction

The **West Valley Water District** will also continue to enforce its **COVID-19 Testing and Screening Policies/Protocols**] to satisfy its duty to provide a healthy and safe work environment for employees.

Employees May Be Eligible for Leave, Pay and/or Other Related Benefits

The **West Valley Water District** is obligated to inform you that represented employees may be eligible for statutory or agency-provided leave or benefits under federal and state law should they present symptoms associated with COVID-19 or contract COVID-19. Further, represented employees who had a close contact exposure and who the **West Valley Water District** directed to quarantine as a result of such exposure may be entitled to pay during the quarantine period.

Eligibility for the aforementioned leaves, pay and/or benefits is governed by applicable statutes for such leaves and/or benefits as well as the **West Valley Water District's** policies regarding such leaves and/or benefits. If you would like information on potentially applicable leaves, pay or benefits, please contact the **West Valley Water District's** Department of Human Resources.

Discrimination and Retaliation Protections While on Leave

Federal and/or state law prohibits the **West Valley Water District** from discriminating or retaliating against **West Valley Water District** employees who qualify for any of the aforementioned leaves and/or benefits.

Furthermore, the **West Valley Water District** will not retaliate against any employee for disclosing the results of a positive COVID-19 test or diagnosis or any order to the employee to quarantine or isolate for reasons related to COVID-19.

AB 685 Workplace Exposure Notice to Employer of Subcontracted Employees

To: [Insert Name/E-mail of Contact at Employer of Subcontracted Employees]
From: West Valley Water District
Date: [Insert Date]
Re: NOTICE OF EMPLOYEE’S POTENTIAL WORKPLACE EXPOSURE TO VIRUS THAT CAUSES COVID-19 - LABOR CODE SECTION 6409.6

Under Labor Code section 6409.6, the **West Valley Water District** has an obligation to notify you that employees of [Insert Name of Employer of Subcontracted Employees] may have been exposed to the virus that causes COVID-19. On [Insert Date], [Insert Name of Employer of Subcontracted Employees] employees and an individual with COVID-19 were present at a **West Valley Water District [worksite/facility]**. This notice serves to inform you that your employees may have been exposed to the virus that causes COVID-19 as a result of their presence at the [worksite/facility] on that date.

At this time, the **West Valley Water District** is working to determine the nature and circumstances of the COVID-19 positive individual’s activities at the [worksite/facility], and whether the individual had any “close contact” interactions³ with individuals at the [worksite/facility]. If we determine that your employees may have had “close contact” exposure, the **West Valley Water District** will notify [Insert Name of Employer of Subcontracted Employees] so that you may direct your employees to self-isolate or quarantine pursuant to applicable public health guidance from the CDC, CDPH, and/or local public health orders.

Direction Not to Return to Work Under Certain Circumstances

[Insert Name of Employer of Subcontracted Employees] should identify employees who were or may have been present at the following **West Valley Water District [worksite/facility]** on the following dates and at the following times for purposes of evaluating whether any [Insert Name of Employer of Subcontracted Employees] employees had “close contact” with a qualifying individual.

Location(s)	Date(s)/Time(s)

As part of the **West Valley Water District’s** obligation to maintain a healthy and safe working environment under Cal-OSHA, the **West Valley Water District** is directing **[Insert Name of Employer of Subcontracted Employees]** employees not report to any **West Valley Water District** premises for work if any of the following is applicable:

- (1) They have tested positive for COVID-19;
- (2) They are currently presenting one or more symptoms associated with COVID-19 as identified by the Centers for Disease Control and Prevention (“CDC”) (See full list of symptoms that the CDC associates with COVID-19 here: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>); or
- (3) They are aware that they have had “close contact” exposure to someone with a laboratory confirmed case of COVID-19. “Close contact” exposure is defined as: (a) contact within 6 feet; (b) for a cumulative total of 15 or more minutes over a 24-hour period; (c) with someone who has a laboratory confirmed case and is in the “infectious period” of the having disease. The “infectious period” begins the two days before either: (a) the individual first presented symptoms associated with COVID-19, for symptomatic individuals; or (b) the test that resulted in the positive diagnosis, for asymptomatic individuals. The “infectious period” concludes when the CDC guidance provides for the discontinuation of the isolation period (See CDC guidance on discontinuing home isolation for persons with COVID-19 not in healthcare settings here: <https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>)

If any of the above currently apply to your employees, please direct them to remain at their home or place of residence and not report to work. Furthermore, please provide notice to the **West Valley Water District** as soon as possible if your employees are unable to report to work because of one of the above enumerated circumstances. If **West Valley Water District** and **[Insert Name of Employer of Subcontracted Employees]** policy permits such employees to telework, employees should discuss the possibility of doing so with their supervisor or manager, file the appropriate request form required by **West Valley Water District’s [Insert Name of Telecommuting/Telework Policy]**, and otherwise comply with **West Valley Water District’s [Insert Name of Telecommuting/Telework Policy]**.

The West Valley Water District’s Plan for Cleaning and Disinfecting the Workplace

As the **West Valley Water District** continues to investigate the specific locations where the COVID-19 positive individual was present, the **West Valley Water District** will begin to implement the cleaning and disinfection plan adopted pursuant to guidance from the Centers for Disease Control and Prevention (“CDC”).

As part of this plan, the **West Valley Water District** will undertake the following measures in order to ensure that the workplace is healthy and safe for **West Valley Water District** employees:

- Closing off all areas used by the COVID-19 positive individual;
- Waiting 24 hours before cleaning or disinfecting affected areas to protect those performing cleaning and disinfecting;
- Opening outside doors and windows to increase air circulation in the areas used by the COVID-19 positive individual;
- Cleaning and disinfecting all areas used by the qualifying individual, such as offices, bathrooms, common areas, shared electronic equipment like tablets, touch screens, keyboards, remote controls, and ATM machines, with disinfectants approved by the CDC and the Environmental Protection Agency (“EPA”);
- Vacuuming the affected areas used by the qualifying individual, if needed, with a high-efficiency particulate air (“HEPA”) filter, if available, and taking additional precautions to reduce the risks of transmitting the virus that causes COVID-19 into the air near vacuumed surfaces.

The **West Valley Water District** will also continue to enforce its COVID-19 **Testing and Screening Policies/Protocols** to satisfy its duty to provide a healthy and safe work environment for employees.

AB 685 Compliant Workplace Outbreak Notice to Local Health Department (and Notice of Additional Cases)

To: [Insert Name of Local Health Department]
From: West Valley Water District
Date: [Insert Date]
Re: NOTICE OF COVID-19 WORKPLACE OUTBREAK - LABOR CODE § 6409.6

**CONFIDENTIAL—THIS COMMUNICATION CONTAINS
CONFIDENTIAL EMPLOYEE MEDICAL INFORMATION**

Under Labor Code section 6409.6, subsection (b) and Title 8 Section 3205.1, subsection (f), the **West Valley Water District** is obligated to notify [Insert Name of Local Public Health Department] of a COVID-19 outbreak that has occurred at one of its facilities.

On [Insert Date], the **West Valley Water District** received notice that a **West Valley Water District** employee at [worksite/facility] tested positive for COVID-19. This laboratory-confirmed case is the third (3rd) employee at that [worksite/facility] to test positive in a two-week period. None of the **West Valley Water District** employees who tested positive lives in the same household. **West Valley Water District** understands that this circumstance satisfies the California Department of Public Health’s (“CDPH”) definition of a COVID-19 “outbreak”.

Please see the table below, which contains all necessary reporting information under Labor Code section 6409.6 and Title 8 Section 3205.1:

#	Employee Name (Contact Information)	Occupation	Worksite (Workplace Location in Worksite)	Worksite Address	NAICS Code of Worksite	Medical Status (Days Off, Hospitalization, Death)
1						
2						
3						
4						
5						

AB 685 Compliant Notice to Local Health Department of Additional COVID-19 Cases

To: [Insert Name of Local Health Department]
From: West Valley Water District
Date: [Insert Date]
Re: NOTICE OF ADDITIONAL COVID-19 CASE(S) AFTER WORKPLACE
 “OUTBREAK” - LABOR CODE § 6409.6

CONFIDENTIAL—THIS COMMUNICATION CONTAINS

CONFIDENTIAL EMPLOYEE MEDICAL INFORMATION

Under Labor Code section 6409.6 (b), the **West Valley Water District** is obligated to provide to [Insert Name of Local Public Health Department] this notice of additional COVID-19 case(s) after a workplace outbreak.

On [Insert Date], **West Valley Water District** notified [Insert Name of Local Public Health Department] that there was a workplace “outbreak” at a **West Valley Water District [worksite/facility]** as that term is defined by the California Department of Public Health (“CDPH”).

This notice serves to inform the [Insert Name of Local Public Health Department] that there was another laboratory-confirmed cases of COVID-19 at the **West Valley Water District [worksite/facility]**.

Please see the table below, which contains all necessary reporting information under Labor Code section 6409.6 and Title 8 Section 3205.1 regarding the subsequent, laboratory-confirmed cases of COVID-19.

#	Employee Name (Contact Information)	Occupation	Worksite (Workplace Location in Worksite)	Worksite Address	NAICS Code of Worksite	Medical Status (Days Off, Hospitalization, Death)
1						
2						
3						
4						
5						

Please direct all future inquiries and instructions regarding this COVID-19 outbreak to [Insert Name of Appropriate Official/Human Resources Employee], who may be contacted at [Insert Phone Number] and [Insert E-Mail Address].

Cal/OSHA Exclusion Period Waiver Request Form

To: rs@dir.ca.gov
From: [Name, Title, Address, Email, and Phone Number for the City/County/Agency/District Point of Contact] [Name of City/County/Agency/District]
Date: [Insert Date]
Re: RETURN-TO-WORK REQUEST FOR EMPLOYEES ESSENTIAL TO COMMUNITY HEALTH AND SAFETY – 8 C.C.R. § 3205(C)(11)(E)

CONFIDENTIAL - THIS COMMUNICATION CONTAINS CONFIDENTIAL EMPLOYEE MEDICAL INFORMATION

Under Title 8 of the California Code of Regulations (“C.C.R.”) Section 3205, the **West Valley Water District** requests that the Division of Occupational Safety and Health (“Cal/OSHA”) waive the required isolation and/or quarantine period provided under Section 3205 and authorize the essential **West Valley Water District** employees listed below to return to work in order to provide for the continued health and safety of the community.

To date, the **West Valley Water District** has fully and faithfully complied with the each of the regulatory requirements under Title 8 Sections 3205 through 3205.2, including adopting and implementing a written COVID-19 Prevention Program (“CPP”) and adopting procedures and protocol to respond workplace outbreaks and major outbreaks.

Statement Concerning Local and State Health Orders

The West Valley Water District provides that there are no local or state health officer orders concerning the continued isolation of the excluded employees listed below.

Statement Concerning the Undue Risk Caused by the Exclusion of the Employees at Issue

The employees listed below perform essential job functions that are critical to ensuring the continuity of essential services to the [residents or rate payers] in the West Valley Water District’s jurisdiction, including, but not limited to, the following:

[List the essential services that cannot be provided without the excluded employees.]

The removal and continued exclusion of these employees from West Valley Water District worksites and facilities will create an undue risk to the community’s health and safety for the following reasons:

[List the ways in which the exclusion of such employees would create an undue risk to the community’s health and safety.]

Number of Employees Subject to Isolation Quarantine

In total, the West Valley Water District is requesting that Cal/OSHA waive the regulatory isolation and/or quarantine requirement for [Number of Employees] West Valley Water District employees.

West Valley Water District COVID-19 Prevention and Control Measures

The **West Valley Water District** has undertaken targeted actions in order to ensure the health and safety of its worksites and facilities, including, but not limited to, the following: **[Describe some of the ways the Agency has sought to provide a healthy and safe workplace for Agency employees. For example, an agency may describe how it has applied its COVID-19 prevention policies, such as cleaning and disinfecting policies, face covering and physical distancing requirements, hand hygiene protocols, symptom screenings and COVID-19 testing policies, investigation of COVID-19 cases, monitoring and correction of COVID-19 hazards, etc.]**

As required under Title 8 Section 3205, the **West Valley Water District** immediately directed the [employee(s) or individual(s)] with COVID-19 to isolate and not report to any **West Valley Water District** worksite or facility until completing the requisite isolation period described in the regulation.

Furthermore, after investigating the nature and circumstances of the COVID-19-positive individual's recent activities at **West Valley Water District** worksites and facilities, the **West Valley Water District** identified the employees who had close contact exposure to the individual with COVID-19 while on premises at **West Valley Water District** worksites and facilities. After determining the identity of these individuals, the **West Valley Water District** immediately directed each of these employees with close contact exposure to quarantine and not report to any **West Valley Water District** worksite or facility until they complete the requisite quarantine period or Cal/OSHA authorizes their return to work. To the **West Valley Water District's** knowledge, none of the individuals with close contact exposure have violated any local or state health orders concerning their quarantine requirements.

The **West Valley Water District** advised each of the employees who had close contact exposure of the symptoms associated with COVID-19, and each of the employees agreed report to the **West Valley Water District** should they experience any symptoms associated with COVID-19. Each of the employees listed below are asymptomatic and have not reported any symptoms associated with COVID-19 since their close contact exposure.

In addition to the requirements imposed by Title 8 CCR Section 3205, the West Valley Water District will take the following additional precautions in order to minimize the potential risk that these employees may present:

- **[Optional Provision – Require that employees submit to regular testing for COVID-19, including immediately after exposure and one week later, which the West Valley**

Water District will provide to the employee at no cost and during the employee's working hours;]

- Immediately exclude from **West Valley Water District** worksites and facilities any employees that test positive for COVID-19;
- Require that the employees be screened for fever and other symptoms associated with COVID-19 before reporting to any **West Valley Water District** worksite or facility or performing any work on behalf of the **West Valley Water District** outside of the employees' homes or place of residence;
- Immediately exclude from **West Valley Water District** worksites and facilities any employees that show temperatures above 100.4 degrees or report experiencing other symptoms associated with COVID-19;
- Require physical distancing of at least six (6) feet between these employees and any other individuals, to the extent possible within the workplace;
- Require these employees to wear face coverings at all times, unless specifically exempted from doing so;
- Require the employees observe proper hand hygiene protocol;
- Require that these employees work alone in an office or install physical barriers between workspaces, wherever assignment to individual office is not possible;
- Apply increased cleaning and disinfection protocol to all areas and shared equipment used by these employees;
- If necessary, require that these employees or others use respiratory protection or other personal protective equipment ("PPE") in the workplace; and
- Take additional measures as required by Cal/OSHA and/or the local health department.

Please direct your response to this Return-to-Work Request to **[Name of the City/County/Agency/District Point of Contact]** who may be contacted at **[Phone Number]** and **[E-Mail Address]**.

Thank you in advance for your timely consideration of and response to this request.

Sincerely,

**[Name and Title of the
City/County/Agency/District Point of Contact]**

Notice Directing Employee Not to Return to Work Due to “Close Contact” Exposure (“Close Contact Notice”)

CONFIDENTIAL MEMORANDUM

To:
From:
Date:
Re: NOTICE OF DIRECTIVE TO EMPLOYEE TO NOT RETURN TO WORK
 AND OPPORTUNITY TO USE SICK LEAVE OR OTHER LEAVE

The **West Valley Water District** has a duty under the law, including the California Occupational Safety and Health Act (Labor Code section 6400, *et seq.*) and California Code of Regulations (“C.C.R.”) Title 8 Sections 3205 through 3205.4 to maintain safe and healthy working conditions for its employees, including from COVID-19.

As part of the **West Valley Water District’s** obligation to maintain a healthy and safe working environment under the Labor Code and California Code of Regulations, the **West Valley Water District** is directing you to remain at your home or place of residence and not report to work at any **West Valley Water District** worksite or facility. Specifically, the **West Valley Water District** is directing you to quarantine and not report to work due to the possibility that you had “close contact” exposure to someone with a laboratory confirmed case of COVID-19.

This notice is intended to provide you additional information about your quarantine and your return to work, as well as describe certain applicable entitlements and obligations that you have during the quarantine.

Reporting Request

The **West Valley Water District** requests that, should you present any symptoms associated with COVID-19 during your quarantine, you report such symptoms to the Department of Human Resources at [**Provide Contact Information**] as soon as possible.

The **West Valley Water District** further requests that, should you receive a COVID-19 test, you report the test results to the Department of Human Resources at [**Provide Contact Information**] as soon as possible.

West Valley Water District will not retaliate against or otherwise penalize employees for reporting information in response to this request.

Available Testing

West Valley Water District will provide COVID-19 testing to you at no cost. Testing is available [specify the date, time, and place of testing, as well as any other info that an employee may need to get tested.]

Confidentiality Notice

The **West Valley Water District** will keep confidential any personal identifying information and medical records of employees who have had “close contact” exposures, including information about the presentation of symptoms associated with COVID-19 and COVID-19 test results. The **West Valley Water District** will not disclose your personal identifying information or medical records unless you provide express written consent to do so or the **West Valley Water District** is authorized or required to do so by law.

The **West Valley Water District** will only use confidential medical records as necessary to make decisions that are job-related and consistent with business necessity, and will limit access and use of such records to **West Valley Water District** employees who need to know about such information.

Criteria to Return to Work

Asymptomatic employees may *not* return to work until they quarantine for at least 10 days from the date of the last “close contact” exposure. Unless you are a health care worker, emergency responder, or social worker, the **West Valley Water District** will not consider a negative test result as part of its decision to discontinue quarantine.

For employees who develop symptoms associated with COVID-19 during quarantine, the **West Valley Water District** will presume that the employee is COVID-19 positive and will not allow the employee to return to **West Valley Water District** worksites or facilities until the employee can satisfy the following conditions: (1) at least 10 days have passed since the symptoms first appeared; (2) COVID-19 symptoms have improved; and (3) the employee has not had a fever in at least 24 hours and has not used fever-reducing medications during that time.

For asymptomatic employees who test positive for COVID-19 during quarantine, you cannot return to work until at least 10 days have passed since you submitted the specimen that resulted in the positive COVID-19 test.

Employee Status

For employees who have been excluded from the workplace, but who are otherwise able and available to work, the **West Valley Water District** will continue and maintain those employees’ earnings, seniority, and all other employee rights and benefits. This includes the employees’ right to their former job status, as if they had not been removed from their jobs.

Teleworking

If your job functions allow you to telework from your home or place of residence while you are self-quarantining, and if teleworking would not impose an undue hardship on the **West Valley Water District** and its operations, then the **West Valley Water District** will make reasonable efforts to allow you to telework while you are not able to report to **West Valley Water District** worksites or facilities.

Leave Status

If you are able to work, but unable to telework while excluded from the workplace, you may be entitled to statutory leave, including, but not limited to Emergency Paid Sick Leave (“EPSL”) under the Families First Coronavirus Response Act (“FFCRA”), COVID-19 Supplemental Paid Sick Leave under Labor Code section 248.1, or workers’ compensation available under Labor Code sections 3212.86 through 3212.88.

If you have exhausted all the EPSL or COVID-19 Supplemental Paid Sick Leave to which you are entitled or such leave is no longer available due to the expiration of the FFCRA or Labor Code section 248.1, the **West Valley Water District** may require that you use any earned or accrued paid sick leave that you possess in order to provide for your continued earnings during the quarantine period.

If you have exhausted all earned or accrued paid sick leave, the **West Valley Water District** will provide you paid administrative leave during the quarantine period.

Records Available on Request

You or a representative of the employee organization that represents you may request to review the medical records that the **West Valley Water District** has concerning your “close contact” exposure, presentation of symptoms associated with COVID-19, and COVID-19 test results. These records are subject to redaction and will not include any personal identifying information concerning any other **West Valley Water District** employees.

Availability of Human Resources to Answer Questions

Should you have any questions about this notice or your entitlements and obligations while under quarantine, please contact the Department of Human Resources at [**Provide Contact Information**].

Acknowledgement

Please sign below to acknowledge that you have read and understand your entitlements and obligations while under quarantine.

Please return the signed form to the Department of Human Resources at [**Provide Contact Information**] as soon as possible.

EMPLOYEE SIGNATURE: _____

Employee Request Form for Prospective COVID-19 Supplemental Paid Sick Leave (“SPSL”)

Please complete and return the following form to your immediate supervisor if you are requesting COVID-19 Supplemental Paid Sick Leave (“SPSL”).

You may also orally request SPSL from your West Valley Water District supervisor(s) or by following the West Valley Water District’s policies and procedures for requesting other sick leaves pursuant to the West Valley Water District Sick Leave Policy.

For the purposes covered by this form, the term “Family Member” means the employee’s child, parent, spouse, registered domestic partner, grandparent, grandchild, or sibling. See Labor Code section 245.5, subsection (c) for additional information.

Employee Name: _____

Date of Request: _____

Qualifying Reasons 1-7:

I understand that I am entitled to a certain amount of SPSL for Qualifying Reasons 1-7 (as enumerated below) between January 1 and September 30, 2022. I am requesting SPSL for one of these reasons because I am unable to work or telework for that reason. I understand the West Valley Water District will deduct from my SPSL entitlement an amount of SPSL equal to my usage of such leave.

I am requesting SPSL for the following reason:

_____ I am subject to a quarantine or isolation period related to COVID-19 as defined by an order or guidelines of the State Department of Public Health (“CDPH”), the federal Centers for Disease Control and Prevention (“CDC”), or a local health officer who has jurisdiction over the workplace. The government agency that has issued the quarantine or isolation order is: _____ (e.g., state, county, city).

_____ I have been advised by a health care provider to isolate or quarantine due to COVID-19. The name of the health care provider who has advised me to isolate or quarantine due to COVID-19 is: _____.

_____ I am attending an appointment either for myself or a Family Member to receive a vaccine or a vaccine booster for protection against COVID-19.

The vaccination appointment is on: _____ (date) at _____ (time).

The Family Member getting vaccinated is: _____.

_____ I understand that for each vaccination or vaccine booster, the **West Valley Water District** limits the total SPSL that I may use to 3 days or 24 hours unless I provide verification from a health care provider that I am or my Family Member is continuing to experience symptoms related to the COVID-19 vaccine or vaccine booster

_____ Either I am or a Family Member is experiencing symptoms related to a COVID-19 vaccine or a vaccine booster.

_____ I understand that for each vaccination or vaccine booster, the **West Valley Water District** limits the total SPSL that I may use to 3 days or 24 hours unless I provide verification from a health care provider that I am or my Family Member is continuing to experience symptoms related to the COVID-19 vaccine or vaccine booster.

_____ I am experiencing symptoms related to a COVID-19 and am seeking a medical diagnosis.

_____ I am caring for a Family Member who is either (1) subject to a CDPH, CDC, or local health officer order or guidance to isolate or quarantine, or (2) who has been advised to isolate or quarantine by a health care provider.

The Family Member I am caring for is: _____ (state the relation of the Family Member for whom you are providing care).

The government agency that has issued the quarantine or isolation order is: _____ (e.g., state, county, city).

The name of the health care provider who advised my Family Member to isolate or quarantine due to COVID-19 is: _____.

_____ I am caring for my child whose school or place of care is closed or otherwise unavailable for reasons related to COVID-19 on the premises of the school or place of care.

The name of the school or place of care that is closed or otherwise unavailable is: _____.

Qualifying Reasons 8:

I understand that I am entitled to a certain amount of SPSL for Qualifying Reason 8 (as enumerated below) between January 1 and September 30, 2022. I am requesting SPSL for this reason because I am unable to work or telework for that reason. I understand the **West Valley Water District** will deduct from my SPSL entitlement an amount of SPSL equal to my usage of such leave.

I am requesting SPSL for the following reason:

_____ I tested positive for COVID-19, or a Family Member for whom I provide care for tested positive for COVID-19.

The Family Member I provide care for is: _____.

AND

_____ I agree to provide the **West Valley Water District** documentation of the positive test result from an independent third-party test provider (i.e., the **West Valley Water District** will not accept self-administered and self-read test results. Further, I understand that the **West Valley Water District** is not obligated to pay me for this SPSL usage if I fail to provide documentation of the positive test result as provided here.

I am requesting SPSL beginning on _____, 2022.

I expect to use SPSL until _____, 2022.

Employee Signature

For Human Resources Use Only:

[Signature of **West Valley Water District's** Human Resources Professional]

Date Request Received by Human Resources: _____

Employee Request Form for Retroactive COVID-19 Supplemental Paid Sick Leave (“SPSL”)

Please complete and return the following form to your immediate supervisor if you are requesting COVID-19 Supplemental Paid Sick Leave (“SPSL”) retroactively for leave taken on or after January 1, 2022 and prior to February 19, 2022.

For the purposes covered by this form, the term “Family Member” means the employee’s child, parent, spouse, registered domestic partner, grandparent, grandchild, or sibling. See Labor Code section 245.5, subdivision (c) for additional information.

You may also orally request retroactive SPSL payments from your West Valley Water District supervisor(s).

Employee Name: _____

Date of Request: _____

Request for Leave Credit and Payment for Retroactive SPSL:

_____ I am requesting that the **West Valley Water District** retroactively provide me SPSL in order to either provide me compensation for unpaid leave that I took or reimburse me for paid leave that I used because I was unable to work or telework for the following reason(s) on or after January 1, 2022 and prior to [February 19, 2022] **OR [Insert Date that City/County/Agency/District Adopted a COVID-19 Supplemental Paid Sick Leave Policy]:**

Qualifying Reasons 1-7:

_____ I was subject to a quarantine or isolation period related to COVID-19 as defined by an order or guidelines of the California Department of Public Health (“CDPH”), the federal Centers for Disease Control and Prevention (“CDC”), or a local health officer who has jurisdiction over the workplace. The government agency that issued the quarantine or isolation order was: _____ (e.g., state, county, city).

I am requesting payment/leave credit for COVID-19 Supplemental Paid Sick Leave that I took for this qualifying reason beginning on

_____, 2022 and ending on _____, 2022.

_____ I was advised by a health care provider to isolate or quarantine due to COVID-19. The name of the health care provider who advised me to isolate or quarantine due to COVID-19 is: _____.

I am requesting payment/leave credit for COVID-19 Supplemental Paid Sick Leave that I took for this qualifying reason beginning on _____, 2022 and ending on _____, 2022.

_____ I attended an appointment either for myself or a Family Member to receive a vaccine or a vaccine booster for protection against COVID-19. The vaccination appointment is on: _____ (date) at _____ (time).

The Family Member who was vaccinated is: _____.

I am requesting payment/leave credit for COVID-19 Supplemental Paid Sick Leave that I took for this qualifying reason beginning on _____, 2022 and ending on _____, 2022.

_____ Either I or a Family Member in my care was experiencing symptoms related to a COVID-19 vaccine or a vaccine booster.

I understand that for each vaccination or vaccine booster, the **West Valley Water District** limits the total SPSL that I may use to [3 days] OR [24 hours] unless I provide verification from a health care provider that I am or my Family Member is continuing to experience symptoms related to the COVID-19 vaccine or vaccine booster.

I am requesting payment/leave credit for COVID-19 Supplemental Paid Sick Leave that I took for this qualifying reason beginning on _____, 2022 and ending on _____, 2022.

_____ I was experiencing symptoms of COVID-19 and was seeking a medical diagnosis.

I am requesting payment/leave credit for SPSL that I took for this qualifying reason beginning on _____, 2022 and ending on _____, 2022.

_____ I am caring for a Family Member who is either (1) subject to a CDPH, CDC, or local health officer order or guidance to isolate or quarantine, or (2) who has been advised to isolate or quarantine by a health care provider.

The Family Member I am caring for is: _____ (state the relation of the Family Member for whom you are providing care).

The government agency that has issued the quarantine or isolation order is: _____ (e.g., state, county, city).

The name of the health care provider who advised my Family Member to isolate or quarantine due to COVID-19 is: _____.

I am requesting payment/leave credit for SPSL that I took for this qualifying reason beginning on _____, 2022 and ending on _____, 2022.

_____ I was caring for my child whose school or place of care was closed *or* otherwise unavailable for reasons related to COVID-19 on the premises of the school or place of care. The name of the school or place of care that was closed or otherwise unavailable is: _____.

I am requesting payment/leave credit for SPSL that I took for this qualifying reason beginning on _____, 2022 and ending on _____, 2022.

Qualifying Reason 8:

_____ I tested positive for COVID-19, or a Family Member for whom I provide care tested positive for COVID-19.

The Family Member I provide care for is: _____ (state the relation of the Family Member for whom you are providing care).

AND

_____ I agree to provide the **West Valley Water District** documentation of the positive test result if I have such documentation.

I am requesting payment/leave credit for SPSL that I took for this qualifying reason beginning on _____, 2022 and ending on _____, 2022.

The dates of your prior leave must lie between January 1, 2022 and **February 19, 2022**. If the dates for which you are requesting retroactive SPSL are after **February 19, 2022**, please fill out the “Employee Request Form for Prospective COVID-19 Supplemental Paid Sick Leave”.)

Employee Signature

For Human Resources Use Only:

[Signature of **West Valley Water District’s** Human Resources Professional]

Date Request Received by Human Resources: _____

Employee Acknowledgement Form for Retroactive Request for COVID-19 Supplemental Paid Sick Leave (“SPSL”)

Please complete and return the following form to your immediate supervisor after the West Valley Water District has provided you with a calculation of the number of hours of retroactive COVID-19 Supplemental Paid Sick Leave (“SPSL”) to which you are entitled based upon your request for such leave taken on or after January 1, 2022 and prior to **February 19, 2022**.

Employee Name: _____

Date of Request for Retroactive SPSL: _____

Single Qualifying Leave Period:

Fill out this section *only* if you requested retroactive payment for one continuous period. If you requested SPSL for multiple, non-continuous periods, do not fill out this section, but complete the following section of this form.

I requested SPSL retroactive payment for qualifying reasons that began on _____, 2022 and ended on _____, 2022.

Multiple Qualifying Leave Periods:

Fill out this section if you requested retroactive payment for multiple qualifying periods. Fill out this section for as many qualifying periods as you are seeking retroactive payment.

I requested SPSL retroactive payment for qualifying reasons for the following dates (only fill in as many fields as applicable):

1. Qualifying reasons that began on _____, 2022 and ended on _____, 2022.
2. Qualifying reasons that began on _____, 2022 and ended on _____, 2022.
3. Qualifying reasons that began on _____, 2022 and ended on _____, 2022.
4. Qualifying reasons that began on _____, 2022 and ended on _____, 2022.

On _____ (Insert Date), the West Valley Water District advised me that I was eligible for _____ (Insert Number of Hours) hours of retroactive SPSL, in response to my request for retroactive SPSL payments.

By signing this form, I hereby acknowledge that the number of hours listed above accurately reflects **all** of the time during which I was unable to work or telework between January 1, 2022 and **February 19, 2022**, for one of the qualifying reasons for SPSL, as listed in the West Valley Water District’s “Administrative Policy Concerning COVID-19 Supplemental Paid Sick Leave (“SPSL”) under Labor Code Section 248.6.”

Once paid for such leave (if such leave was unpaid) or reimbursed for other paid leaves used, I will hereby waive my right to seek further retroactive payments for unpaid SPSL on or after January 1, 2022 and on or before **February 19, 2022**.

If I have not exhausted my SPSL balance as a result of the above retroactive payment request, I understand that I may still qualify for SPSL in the future.

Date: _____

Employee Signature
For Human Resources Use Only:

[Name of West Valley Water District’s Human Resources Professional]

Date Received by Human Resources: _____

Administrative Policy Concerning COVID-19 Supplemental Paid Sick Leave (“SPSL”) Under Labor Code Sections 248.6 and 248.7

Preamble

On February 9, 2022, Governor Newsom signed Senate Bill (“SB”) 114 into law, which reauthorized COVID-19 Supplemental Paid Sick Leave (“SPSL”), providing new paid leave entitlements to employees who are unable to work or telework due to a number of qualifying reasons related to COVID-19.

The law becomes effective on February 19, 2022 and entitles qualified employees to SPSL retroactive to January 1, 2022 and through September 30, 2022.

The **West Valley Water District** adopted this policy in order to provide its employees the SPSL to which they are entitled under Labor Code sections 248.6 and 248.7. The **West Valley Water District** will fully and faithfully comply with all relevant and applicable requirements under the Labor Code.

Statement of Policy

This policy is intended to provide all eligible and qualified **West Valley Water District** employees with SPSL to which they are entitled under Labor Code sections 248.6 and 248.7.

The following policy sets forth certain rights and obligations regarding this leave.

Compliance

The **West Valley Water District** will fully and faithfully comply with Labor Code sections 248.6 and 248.7 in its administration of this policy.

Definitions

“Child” means a biological, adopted, or foster child, stepchild, legal ward, or a child to whom the employee stands *in loco parentis*. This definition of a child is applicable regardless of age or dependency status.

“Covered Employee” means any **West Valley Water District** employee who is unable to work or telework for the **West Valley Water District** for one or more of the reasons related to COVID-19 as set forth in this policy.

“COVID-19 Supplemental Paid Sick Leave” or “SPSL” means paid sick leave pursuant to Labor Code sections 248.6 and 248.7.

“Family Member” means any of the following:

- (i) A “child”, as defined above.
- (ii) A biological, adoptive, or foster parent, stepparent, or legal guardian of an employee or the employee’s spouse or registered domestic partner, or a person who stood *in loco parentis* when the employee was a minor child.
- (iii) A spouse.
- (iv) A registered domestic partner.
- (v) A grandparent.
- (vi) A grandchild.
- (vii) A sibling.

Policy

Scope of Coverage:

This policy will apply to all Covered Employees employed by the **West Valley Water District**.

Effective Dates:

The policy is effective immediately upon adoption, and the paid leave benefits provided herein shall be retroactive to January 1, 2022.

SPSL benefits expire after September 30, 2022, except that the **West Valley Water District** will provide a Covered Employee who is on SPSL at the time of the expiration of such benefits the full amount of SPSL to which the Covered Employee would otherwise be entitled.

Unless the underlying law is extended, this policy will expire by operation of the law after September 30, 2022, except that certain Covered Employees may continue to use SPSL after that date as described above.

Employees Eligible for SPSL:

All **West Valley Water District** Covered Employees are eligible for SPSL if they are unable to work or telework for one or more of the enumerated reasons related to COVID-19 as provided below.

Qualifying Reasons for SPSL:

A Covered Employee qualifies for SPSL if they are unable to work or telework for one or more of the following reasons:

- 1) The employee is subject to a quarantine or isolation period related to COVID-19 as defined by an order or guidelines of the California Department of Public Health (“CDPH”), the federal Centers for Disease Control and Prevention (“CDC”), or a local health officer who has jurisdiction over the workplace;
- 2) The employee has been advised by a health care provider to self-quarantine due to COVID-19;
- 3) The covered employee is attending an appointment for themselves or a family member to receive a vaccine or a vaccine booster for protection against COVID-19;
- 4) The covered employee is experiencing symptoms, or caring for a family member experiencing symptoms, related to a COVID-19 vaccine or vaccine booster that prevent the employee from being able to work or telework;
- 5) The covered employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis;
- 6) The covered employee is caring for a family member who:
 - a) Is subject to a CDPH, CDC, or local health officer order or guidance to isolate or quarantine, or
 - b) Has been advised by a health care provider to isolate or quarantine;
- 7) The covered employee is caring for a child whose school or place of care is closed or otherwise unavailable for reasons related to COVID-19 on the premises; or
- 8) The covered employee, or a family member for whom the covered employee is providing care, tests positive for COVID-19.

If an employee requests SPSL for reason 8, the **West Valley Water District** may require that the employee provide the positive test result to confirm that the employee qualifies for such leave. The **West Valley Water District** may also require that the employee provide the family

member's positive test result if the employee is requesting leave in order to provide care to a covered family member.

The **West Valley Water District** may also require an employee who has taken SPSL for qualifying reason 8 to test for COVID-19 on or after day five, following the initial positive test. If the **West Valley Water District** requires such a test, the **West Valley Water District** will provide the test at no cost to the employee.

Amount of SPSL for Qualifying Reasons 1 - 7:

1. Leave taken as SPSL is in addition to any other statutory and/or contractual leave to which the employee is otherwise entitled, and which is not specific to COVID-19.
2. Employees who worked at least 40 hours per week in the two weeks before they take SPSL, or who the employer considers to be full-time employees, are entitled to 40 hours of SPSL for qualifying reasons 1 through 7, above.
3. Firefighters who were scheduled to work more than 40 hours in the workweek *before* they take SPSL are entitled to the amount of SPSL equal to the "total number of hours that the covered employee was scheduled to work for the employer in that workweek," which may exceed 40 hours, for qualifying reasons 1 through 7.
4. Part-time Covered Employees are entitled to SPSL in the following amounts:
 - a. If the part-time Covered Employee has a normal weekly schedule, the total number of hours the Covered Employee is normally scheduled to work for the **West Valley Water District** over one week for qualifying reasons 1 through 7; or
 - b. If the part-time Covered Employee works a variable number of hours, the Covered Employee is entitled to 7 times the average number of hours the Covered Employee worked each day for the **West Valley Water District** in the six (6) months preceding the date the Covered Employee took SPSL. If the employee has worked for the West Valley Water District fewer than six months, then the employer calculates the average hours worked for the entire employment period and multiplies the daily average by seven. If an employee works variable hours and has only worked for the **West Valley Water District** seven days or fewer, then the employee receives an amount of SPSL equivalent to the total number of hours worked for the employer.

Amount of SPSL for Qualifying Reason 8:

Employees taking additional COVID-19 supplemental paid sick leave under qualifying reason 8 are entitled to an amount not to exceed that which the employee received under qualifying reasons 1-7.

Covered Employees may determine how many hours of SPSL to use based upon a qualifying reason, up to the total number of hours to which the Covered Employee is entitled.

If a Covered Employee is provided SPSL retroactively for qualifying leave before adoption of this policy, the **West Valley Water District** will count the retroactive SPSL provided against the SPSL to which the Covered Employee is entitled.

For Covered Employees that request retroactive SPSL, the **West Valley Water District** will request that the employee sign a “COVID-19 Supplemental Paid Sick Leave Acknowledgment,” acknowledging the accuracy of the amount of leave designated retroactively.

Compensation While on SPSL:

Covered Employees are entitled to compensation for SPSL at their regular rate of pay *or* the employee’s total wages less any overtime premium pay, including pursuant to any applicable collective bargaining agreement, subject to a cap of \$511 per day and \$5,110 in the aggregate.

Employee Notice of Supplemental Paid Sick Leave:

Covered Employees must notify the **West Valley Water District** that they intend to take SPSL. The Covered Employee may provide such notice either orally or in writing to their immediate supervisor.

Employee Status While on Leave:

The **West Valley Water District** will compensate Covered Employees who use SPSL according to the manner described in this policy and will otherwise treat Covered Employees who use COVID-19 Supplemental Paid Sick as if they are using paid sick leave according to the **West Valley Water District’s [Insert Title of Agency’s Applicable Sick Leave Policy]**.

Employee Obligations for Requesting Retroactive Payments for Prior Leave that Qualified as SPSL:

Employees are entitled to SPSL retroactive to January 1, 2022.

If the **West Valley Water District** did not compensate the employee for leave that would otherwise have qualified as SPSL between January 1, 2022 and the effective date of this policy, in an amount equal to or greater to what the employee would have been entitled to

under this policy, the employee is eligible for a retroactive payment from the **West Valley Water District** for such leave.

In order to receive payment for such leave, employees must make an oral or written request to be paid for such leave to the **West Valley Water District's** Human Resources Department.

For any such retroactive payment, the number of hours of leave corresponding to the amount of the retroactive payment shall count towards the total number of hours of SPSL that the employer is required to provide to the Covered Employee.

Employee Self-Attestation Of COVID-19 Vaccination Status

The West Valley Water District is requesting information about your vaccination status for the following legitimate and non-discriminatory business purposes:

- (1) To maintain a safe and healthy workplace as required under Labor Code section 6400, et seq.;
- (2) To permit compliance with federal, state, and local laws and regulations related to COVID-19, including the Emergency Temporary Standards (Cal/OSHA COVID-19 Regulations) (See 8 C.C.R. §§ 3205-3205.4); and
- (3) To ensure the continued safe operation of West Valley Water District services.

Please do NOT provide information related to any health or medical conditions or any other confidential medical information while completing this form. If you provide any such information, the West Valley Water District will return the form or information to you and require that you complete another attestation without such information.

Employee Attestation as to Vaccination Status

I, _____ [Name of Employee], attest to the following (CHECK ONE):

- I have been fully vaccinated against COVID-19.** “Fully vaccinated” means at least fourteen (14) days have passed since you received either (1) the second dose of a two-dose COVID-19 vaccine series, or (2) a single-dose COVID-19 vaccine.

OR

- I have NOT been fully vaccinated against COVID-19.** See definition of “fully vaccinated,” provided above.

If you selected the first checkbox indicating that you ARE fully vaccinated, then please list the name of the manufacturer of the COVID-19 vaccine that you received and the date you received the most recent dose:

Name of Vaccine and Manufacturer

Date

I attest that the above information is true and correct.

Employee's Name (PLEASE PRINT)

Signature

Date



Employee Authorization For The West Valley Water District's Use And Disclosure Of Confidential Medical Information

Confidentiality of Medical Information Act ("CMIA"), Civil Code §§ 56.20, 56.21.

Pursuant to California's Confidentiality of Medical Information Act, I, _____ [Name of Employee], authorize the **West Valley Water District** to use and disclose information regarding my COVID-19 vaccination status for legitimate, non-discriminatory business purposes where my vaccination status is necessary for the **West Valley Water District** to make work-related decisions authorized by or in order to comply with federal, state, or local law or regulation that takes a person's vaccination status into account.

Specifically, I authorize the **West Valley Water District** to use and disclose this information for the purposes provided under the Cal/OSHA COVID-19 Regulations (8 C.C.R. §§ 3205-3205.4), including, but not limited to, decisions regarding the use of face coverings.

This authorization is limited to the following types of information:

Information regarding my COVID-19 vaccination status.

The West Valley Water District is authorized to use this information for the following purposes:

For legitimate, non-discriminatory business purposes where information regarding my vaccination status is necessary for the **West Valley Water District** to make work-related decisions authorized by or in order to comply with federal, state, or local laws that take a person's vaccination status into account.

The following parties are authorized to disclose this information for the above purposes:

The **West Valley Water District** and the **West Valley Water District's** designated agent(s) where:

1. The disclosure of my vaccination status is or may be impliedly or constructively disclosed by my action(s) (*e.g.*, not wearing a face covering in the workplace); and/or

- 2. The disclosure of my vaccination status is or may be impliedly or constructively disclosed by action(s) of the **West Valley Water District** or the **West Valley Water District's** designated agent(s) (e.g., allowing me to not wear a face covering in the workplace).

The following parties are authorized to receive disclosure of this information for the above purposes:

Any agent or employee of **West Valley Water District**, visitor, invitee or other member of the public accessing West Valley Water District's premises or facilities, etc., who may become aware of my vaccination status, by my action(s) and/or those of **West Valley Water District** (e.g., become aware that I am fully vaccinated by my choice to remove a face covering in the workplace with West Valley Water District's consent).

Authorization period:

The parties specified above are authorized to disclose information regarding my COVID-19 vaccination status in the manner specified above through **[Date]**.

Right to receive a copy of this authorization:

I understand that if I sign this authorization, I have the right to receive a copy of this authorization. Upon request, the **West Valley Water District** will provide me with a copy of this authorization.

I authorize the limited uses and disclosures of my medical information as described above for the purposes listed above. I understand that this authorization is voluntary and that I am signing this authorization voluntarily.

Employee's Name (PLEASE PRINT) Signature Date

Memorandum Recording Employee Attestation Of COVID-19 Vaccination Status

This memorandum serves to record an employee’s oral attestation of COVID-19 vaccination status. The West Valley Water District is requesting information about employee vaccination status for the following legitimate and non-discriminatory business purposes:

- (1) To maintain a safe and healthy workplace as required under Labor Code section 6400, *et seq.*;
- (2) To permit compliance with federal, state, and local laws and regulations related to COVID-19, including the Emergency Temporary Standards (Cal/OSHA COVID-19 Regulations) (See 8 C.C.R. §§ 3205-3205.4); and
- (3) To ensure the continued safe operation of West Valley Water District services.

Do NOT accept information or ask any questions related to the attesting employee’s health or medical conditions or any other confidential medical information while completing this form. If the attesting employee provides any such information, do NOT accept it or include it on the form. Do NOT ask the employee any follow-up questions related to the employee’s COVID-19 vaccination status.

Record of Employee’s Oral Attestation

DATE

TIME

NAME OF ATTESTING EMPLOYEE (PRINT)

ATTESTATION WITNESSED BY (PRINT)

On the above date, the attesting employee notified me of the following information regarding the attesting employee’s COVID-19 vaccination status (CHECK ONE):

- The employee has been fully vaccinated against COVID-19.** “Fully vaccinated” means at least fourteen (14) days have passed since the employee received either (1) the second dose of a two-dose COVID-19 vaccine series, or (2) a single-dose COVID-19 vaccine.
OR
- The employee has NOT been fully vaccinated against COVID-19.** See definition of “fully vaccinated,” provided above.

