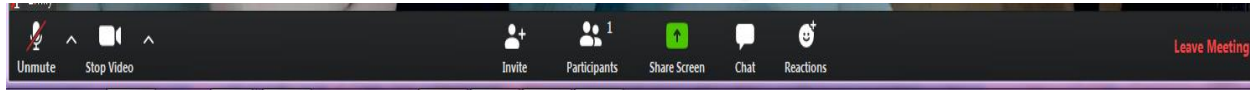


Participation

- Everyone is muted
- Enter questions using the chat feature located at the bottom of your window



- We will use questions to create FAQs

Current YC Leave Options

PROGRAM	POLICY	REASONS	# OF HOURS	RATE OF PAY	SPECIAL NOTES
Sick Leave	2.11	See Policy	See Policy	Base pay	May NOT be used to cover hours where work is unavailable
Vacation Leave	2.09	Employee Choice	See Policy	Base pay	May be used to cover hours where work is unavailable
Personal Days	2.14	Employee Choice	See Policy	Base pay	May be used to cover hours where work is unavailable
FMLA Leave	2.12	Employee has a serious medical condition or is caring for a family member with a serious medical condition.	12 weeks if employee meets the qualifications.	You are required to use your leave accruals (paid at base pay) if you have any while on FMLA. Unpaid once leave accruals are exhausted.	May NOT be used to cover hours where work is unavailable

New FFCRA Leave Options

- **Paid options in addition to YC benefits**
- Available to all employees
- **FFCRA Emergency Sick Leave**
- **Expanded Family and Medical Leave**
- **April 1, 2020 to December 30, 2020**

Reasons to Use New Leave

1. You are subject to a Federal, State, or local quarantine or isolation order;
2. You have been advised by a health care provider to self-quarantine;
3. You are experiencing symptoms and are seeking a medical diagnosis;
4. You are caring for an individual subject to an order described in (1) or self-quarantine as described in (2);
5. You are caring for a child whose school or place of care is closed (or child care provider is unavailable); or
6. You are experiencing any other substantially-similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.

ALL reasons must be related to COVID-19

Emergency Sick Leave

PROGRAM	POLICY	REASONS	# OF HOURS	RATE OF PAY	SPECIAL NOTES
Emergency Sick Leave	HR Guideline	6 Reasons as Noted Above No restrictions on length of employment	Up to 80 hours for full time Part-time employees are prorated for average weekly hours worked in the last six months.	For reasons 1,2,3 full base pay up to \$511 a day and \$5,110 aggregate. (\$63.87/hour) For reasons 4 & 6: 2/3 pay up to \$200/day and \$2,000 aggregate. (\$25/hour)	May NOT be used to cover hours where work is unavailable May not be taken intermittently

Expanded Family Medical Leave

PROGRAM	POLICY	REASONS	# OF HOURS	RATE OF PAY	SPECIAL NOTES
Expanded Family Medical Leave	HR Guideline	Only for reason #5 noted above Employee must have been working for 30 days before taking leave	12 weeks with the first 10 days unpaid. May use YC leave or FFCRA emergency leave to cover the first 10 days.	2/3 pay up to \$200/day and \$12,000 aggregate if emergency sick leave is used to cover first 10 days. (\$25/hour) \$10,000 aggregate (\$25/hour) if other YC leave is used or employee uses leave without pay for first 10 days.	May NOT be used to cover hours where work is unavailable May be taken intermittently.

Notables

- Employees sheltering because they have high risk conditions who are unable to work are not eligible to take emergency sick leave as per this law unless ordered by a doctor to quarantine.
- This is a one-time allotment and cannot be cashed out if the employee separates from the college or at program termination.
- Earned personal, vacation, and sick leave may not be used to supplement daily payment limits or aggregate total limits claimed under the FFCRA.
- Earned personal, vacation, and sick leave **need not** be used before paid sick time may be taken.
- Employees may not tele-work or be on campus during hours using Paid Emergency Sick Leave or Expanded Family Medical Leave. This includes checking email, conducting business, or accepting customer phone calls.

Claiming Leave

[Personal Information](#) |
 [Volunteer](#) |
 [Student](#) |
 [Financial Aid](#) |
 [Employee](#) |
 [WebTutor Administration](#) |
 [Finance](#)

Time and Leave Reporting

Home > Time and Leave Reporting

REPORT YOUR COVID SICK LEAVE [HERE](#)

Time Sheet

Title and Number: Manager, Applications Div/pmt -- 999834-00
Department and Number: Information Technology -- 013101
Time Sheet Period: Mar 21, 2020 to Apr 03, 2020
Submit By Date: Apr 06, 2020 by 12:00 PM

Rating	Shift	Default Hours or Units	Total Hours	Total Units	Saturday Mar 21, 2020	Sunday Mar 22, 2020	Monday Mar 23, 2020	Tuesday Mar 24, 2020	Wednesday Mar 25, 2020
Vacation Leave	1		0	0.0	Enter Hours	Enter Hours	Enter Hours	0.0	Enter Hours
Sick Leave	1		0	0	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours
Bereavement Leave	1		0	0	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours
Jury Duty Pay	1		0	0	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours
Personal Leave	1		0	0	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours
PMLA use if on MB approved PMLA	1		0	0	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours
Without Pay	1		0	0	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours
Military Pay	1		0	0	Enter Hours	Enter Hours	Enter Hours	Enter Hours	Enter Hours
Total Hours			0.0	0.0	0	0	0	0.0	0
Total Units			0	0	0	0	0	0	0

[Facilities Selection](#) |
 [Comments](#) |
 [Preview](#) |
 [Submit for Approval](#) |
 [Reset](#) |
 [Next](#)

Submitted for Approval By:

Claiming Leave

Please complete this form if you are unable to telecommute and are invoking leave related to the Families First Coronavirus Response Act of 2020, starting April 1.

PLEASE NOTE: This form **MUST** be submitted by **noon Thursday Apr 02**.

If you complete this form, **DO NOT** enter sick time on your regular time sheet.

After reading and understanding all information on this page, click on the acknowledgment button at the bottom of the page to proceed with your request.

I am invoking the COVID-19 Emergency Leave provision from the Families First Coronavirus Response 2020.

I understand that for reasons 1, 2, and 3 below, I will be compensated at a maximum of \$511 per day, not to exceed a total of \$5,110 for the duration. For reasons 4 and 6, I will be compensated a maximum of \$200 per day, not to exceed a total of \$2,000 for the duration.

- 1. I am subject to a Federal, State or local quarantine order or isolation order related to COVID-19.
- 2. I have been advised by a healthcare provider to self-quarantine due to COVID-19.
- 3. I am experiencing the symptoms of COVID-19 and seeking a diagnosis.
- 4. I am caring for an individual subject to or advised to quarantine or isolate.
- 5. I am caring for a child whose school or daycare is closed or unavailable due to COVID-19.
- 6. I am experiencing substantially similar conditions as those specified by the Secretary of Health and Human Services in consultation with the Secretaries of Labor and Treasury.

Color coding matches corresponding informational text above

This info is read-only until acknowledgment button below is clicked

By clicking here, I acknowledge that I have read and understand the information above.

Employee must click this button to acknowledge understanding

Please complete this form if you are unable to telecommute and are invoking leave related to the Families First Coronavirus Response Act of 2020, starting April 1.

PLEASE NOTE: This form MUST be submitted by noon Thursday Apr 02.

If you complete this form, DO NOT enter sick time on your regular time sheet.

After reading and understanding all information on this page, click on the acknowledgment button at the bottom of the page to proceed with your request.

I am invoking the COVID-19 Emergency Leave provision from the Families First Coronavirus Response 2020.

I understand that for reasons 1, 2, and 3 below, I will be compensated at a maximum of \$511 per day, not to exceed a total of \$5,110 for the duration. For reasons 4 and 6, I will be compensated a maximum of \$200 per day, not to exceed a total of \$2,000 for the duration.

Select One:

- 1. I am subject to a Federal, State or local quarantine order or isolation order related to COVID-19.
- 2. I have been advised by a healthcare provider to self-quarantine due to COVID-19.
- 3. I am experiencing the symptoms of COVID-19 and seeking a diagnosis.
- 4. I am caring for an individual subject to or advised to quarantine or isolate.
- 5. I am caring for a child whose school or daycare is closed or unavailable due to COVID-19.
- 6. I am experiencing substantially similar conditions as those specified by the Secretary of Health and Human Services in consultation with the Secretaries of Labor and Treasury.

Date of COVID-19 exposure, if known

Quarantine End Date *

Healthcare Provider *

Selecting reason #2 will prompt the employee to enter this additional information.

Comments or Explanation

Proceed to Time Entry

If you complete this form, DO NOT enter sick time on your regular time sheet.
After reading and understanding all information on this page, click on the acknowledgment button at the bottom of the page to proceed with your request.

I am invoking the COVID-19 Emergency Leave provision from the Families First Coronavirus Response 2020.

I understand that for reasons 1, 2, and 3 below, I will be compensated at a maximum of \$511 per day, not to exceed a total of \$5,110 for the duration. For reasons 4 and 6, I will be compensated a maximum of \$200 per day, not to exceed a total of \$2,000 for the duration.

Select One:

- 1. I am subject to a Federal, State or local quarantine order or isolation order related to COVID-19.
- 2. I have been advised by a healthcare provider to self-quarantine due to COVID-19.
- 3. I am experiencing the symptoms of COVID-19 and seeking a diagnosis.
- 4. I am caring for an individual subject to or advised to quarantine or isolate.
- 5. I am caring for a child whose school or daycare is closed or unavailable due to COVID-19.
- 6. I am experiencing substantially similar conditions as those specified by the Secretary of Health and Human Services in consultation with the Secretaries of Labor and Treasury.

I am invoking pay from the Emergency Family Medical Leave Act because I am caring for a child whose school or daycare is closed or unavailable due to COVID-19.

For reason #5, check to acknowledge: (required)

I acknowledge that I am invoking this leave as I am unable to work or telework due to the need to care for my child, under the age of 18, due to the closure or unavailability due to public health emergency of the child's school or childcare.

I understand that the first 10 days are unpaid and I can use emergency paid sick leave, vacation, sick, or unpaid leave for this time. After the first 10 days, I will be paid 2/3 of my wages not to exceed \$200 per day for a total of 10 weeks. The maximum compensation for the 10 weeks will not exceed \$10,000.

If I am using the Emergency Family Medical Leave option, during the first ten (10) days, I will be using: (check all that apply)

Emergency Paid Sick Leave Vacation Leave Regular Accrued Sick Leave Unpaid Leave

Selecting reason #5 will require the employee to check two additional acknowledgment buttons, and will prompt to select one or more leave codes to be used for first 10 days of request.

Comments or Explanation

Proceed to Time Entry

Please use this form to enter leave hours related to the Families First Coronavirus Response Act of 2020, starting April 1.

PLEASE NOTE: COVID-19 leave hours MUST be submitted by noon Thursday Apr 2 for this pay period.

If you complete this form, DO NOT enter sick time on your regular time sheet.

Enter the emergency pay hours you are claiming for each date:

Wednesday Apr 1	<input type="text" value="0"/>
Thursday Apr 2	<input type="text" value="0"/>
Friday Apr 3	<input type="text" value="0"/>



Employee will enter time pertaining to COVID-19 Leave here, in lieu of regular timesheet. Note that pay periods subsequent to the current pay period will include boxes for all 14 days within the pay period.

Submit



Employee clicks Submit to save hours. Employee may revisit the link at any time within the current pay period and adjust hours; however, original information entered into the request itself (i.e. the reason and any related info including comments) will need to be forwarded to HR. Once the original request is submitted, its data becomes "read-only" and can't be changed by the employee without intervention/approval.

Please complete this form if you are unable to telecommute and are invoking leave related to the Families First Coronavirus Response Act of 2020, starting April 1.

PLEASE NOTE: This form MUST be submitted by noon Thursday Apr 02.

If you complete this form, DO NOT enter sick time on your regular time sheet.

After reading and understanding all information on this page, click on the acknowledgment button at the bottom of the page to proceed with your request.

I am invoking the COVID-19 Emergency Leave provision from the Families First Coronavirus Response 2020.

I understand that for reasons 1, 2, and 3 below, I will be compensated at a maximum of \$511 per day, not to exceed a total of \$5,110 for the duration. For reasons 4 and 6, I will be compensated a maximum of \$200 per day, not to exceed a total of \$2,000 for the duration.

Select One:

- 1. I am subject to a Federal, State or local quarantine order or isolation order related to COVID-19.
- 2. I have been advised by a healthcare provider to self-quarantine due to COVID-19.
- 3. I am experiencing the symptoms of COVID-19 and seeking a diagnosis.
- 4. I am caring for an individual subject to or advised to quarantine or isolate.
- 5. I am caring for a child whose school or daycare is closed or unavailable due to COVID-19.
- 6. I am experiencing substantially similar conditions as those specified by the Secretary of Health and Human Services in consultation with the Secretaries of Labor and Treasury.

Once acknowledgment button is clicked, form is reloaded and prompts employee to select reason and to enter any comments desired.

Comments or Explanation Enter any additional comments/explanation for your request, up to 4,000 characters

Proceed to Time Entry

Employee clicks here to proceed to COVID-19 related time entry

Questions??

Military Leave

- **National Guard Deployments**



- **Work with your HR Business Partner**



Federal Work Study

- Students with a position number that starts with “WS” are paid through federal work study
- WS students (both working and not working) will submit electronic time sheet as usual
- Supervisors will approve time sheets as usual
- No separate code to indicate unworked hours
- **For WS students not working only:** Adrienne Carlos will be sending an Excel worksheet for supervisors to complete
- WS students will be paid for hours scheduled, but not worked; not an average of hours worked
- WS students will be paid until funds are depleted and student has eligibility

Meaningful Work

- **Professional Development** (on-line training to enhance skills)
- **Cross Training** (train for the next level or for future needs)
- **Special Projects**
- **Temporary Assignments** (fill out jot form on COVID-19 website)

Resources



The screenshot shows a web browser window with the URL <https://www.yc.edu/v6/college-police/covid-19/>. The page title is "Information Regarding 2019 Novel Coronavirus (COVID-19)". Below the title, a paragraph states: "This website will be updated regularly with information regarding the COVID-19. The College takes the health and safety of all of its students, employees, and visitors very seriously." A video player is embedded, showing a woman speaking, with the caption "Dr. Rhine Update 3/27". To the right of the video player is a vertical list of navigation links: "Student Resources", "YC Services, Facilities", "Telecommuting / Working Remote", "HR Happenings", "Prepare", "Informational Links", "Community Resources", and "Employment Resources". Below the video player, there is a yellow box with the heading "Yavapai College Brief COVID-19 Updates". The text in the box reads: "This section will be updated regularly to provide important updates regarding procedures during the COVID-19 pandemic. If you have questions please contact your instructor, or supervisor." Below this text, it says "Last Updated March 23, 2020" and "For the health and safety of students, faculty, staff and the college community, Yavapai College has announced that all classes and services will only be offered online for rest of the spring semester (May 10, 2020)."

<https://www.yc.edu/v6/college-police/covid-19/>

Questions??

Ask Your **HR Business Partner**

Call 928-776-2217

HumanResources@yc.edu