

# **DIVISION OF BUSINESS & FINANCIAL AFFAIRS**

## **COVID-19 BRIEFING - UPDATE**

April 7, 2020

Unit: Human Resources

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**INFORMATION:** On March 20, 2020, CSU issued a new administrative leave policy that will provide 128 hours of administrative leave to employees unable to work for COVID-19 related reasons. CSU has since updated the policy to allow for 256 hours of leave.

### **BACKGROUND AND POLICY ISSUE(S):**

As we continue to address the new reality of remote work and social distancing, we must collectively work to limit the gathering of students, faculty and staff as much as possible, while fulfilling our academic mission.

The Chancellor originally granted use of paid administrative leave up to 128 hours effective March 23 through December 31, 2020, for employees unable to work for COVID-19 related reasons. See “Current Update” section for updates to hours granted. For employees who work less than full-time, the number of hours will be prorated according to the percent of the appointment. All benefits-eligible employees, academic student employees, and non-represented student assistants are eligible for this allotment, which can only be used if an employee is unable to work, on campus or remotely, for certain COVID-19 related reasons. Those reasons include:

- When an employee is unable to work due to the employee’s own COVID-19-related illness or the COVID-19-related illness of a family member whom the employee would normally be allowed to use sick leave for;
- When an employee is unable to work because the employee has been directed by their healthcare provider or supervisor not to come to the worksite for COVID-19-related reasons;
- When it is not operationally feasible for the employee to work remotely;
- When an employee is unable to work due to a COVID-19-related school or daycare closure, and the employee is required to be at home with a child or dependent, and it is not operationally feasible for the employee to work remotely or in conjunction with the childcare commitment.

Further details on the use of the leave are included in the policy document linked to below.

Subsequent to receiving a technical letter from the CSU Human Resources Office, CSUCI Human Resources sent a communication on April 1, 2020, to all managers on campus that summarized the guidance and included a Request for Paid Administrative Leave Form for use by employees requesting such leave. Employees are required in the form to self-certify that the request and need for leave is valid.

**CURRENT UPDATE:** On April 1, 2020, the CSU Human Resources Office issued a new technical letter announcing the increase of available temporary paid administrative leave hours from 128 to 256 hours. All other parameters and provisions applicable to the paid administrative leave remain the same.

CSUCI HR has worked with ITS to develop an electronic form to be used by employees who are eligible to receive temporary paid administrative leave for COVID-19-related absences. A link to the form can be found here: <https://www.csuci.edu/hr/cpal.htm>. Employees will use the “Organ Donor” pay code to record time in Absence Management until a CPAL code is created by the Chancellor’s Office.

For those employees who have a chronic medical condition and are medically vulnerable, or 65 years of age and older, AND are not working remotely, the employees will need to complete an affidavit for special consideration paid administrative leave that will be sent individually by Human Resources. This form is attached below.

CSUCI HR has drafted a communication for distribution to all managers on campus that summarizes the update to the temporary paid administrative leave program, provides a link to the online form to be completed for administrative leave, and the affidavit needed for special consideration leave. The communication to managers will be distributed after this update is provided to Cabinet.

## **SUPPORTING DOCUMENTATION:**

- <https://csyou.calstate.edu/Policies/HRPolicies/HR2020-04.pdf>
- Request For Special Consideration - Temporary Paid Leave Form



**REQUEST FOR SPECIAL CONSIDERATION - TEMPORARY PAID LEAVE FORM**  
Coronavirus Pandemic (COVID-19)

<b>Employee Name:</b>		<b>Employee ID:</b>	
<b>Job Title:</b>		<b>Division/Department:</b>	
<b>Classification:</b>		<b>Full-Time:</b> <input type="checkbox"/> <b>Part-Time:</b> <input type="checkbox"/> <b>Exempt:</b> <input type="checkbox"/> <b>Non-Exempt:</b> <input type="checkbox"/>	
<b>Supervisor Name:</b>		<b>Supervisor's Email:</b>	
<b>Date Requested:</b>		<b>Date of Requested Extension (if applicable):</b>	

In accordance with Chancellor White's March 17, 2020 message to employees of the need to telecommute as a safeguard against the coronavirus, he acknowledged special considerations are to be given to employees age 65 or older and/or who have a chronic medical condition(s). This form should be completed by employees who are unable to telecommute and who are age 65 or older and/or who have a chronic medical disease/condition.

**PERMISSIBLE USE OF LEAVE**

I am unable to work because I have been directed by my appropriate administrator not to come to the worksite and it is not operationally feasible for me to work remotely and I meet the following Special Consideration(s):

☐ **I AM AGE 65 OR OLDER**

☐ **I HAVE A CHRONIC MEDICAL CONDITION.** [A CHRONIC MEDICAL DISEASE/CONDITION IS BROADLY DEFINED BY THE CENTER FOR DISEASE CONTROL AND PREVENTION (CDC) AS ONE THAT IS EXPECTED TO LAST 1 YEAR OR MORE, REQUIRES ONGOING MEDICAL ATTENTION, AND LIMITS THE ACTIVITIES OF DAILY LIVING.]

**Request for Dates of Coronavirus Pandemic (COVID-19) Special Consideration - Temporary Paid Leave**

Month	Dates Requested	Total Number of Hours Requested
	<b>Total Hours:</b>	

**SIGNED AND AGREED BY:**

*To the best of my knowledge and belief, I certify that the facts stated are accurate and in full compliance with the intended use of the Special Consideration – Temporary Paid Leave granted by the Chancellor.*

Employee Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*I approve the use of Special Consideration – Temporary Paid Leave as indicated above.*

Appropriate Administrator Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

HR/Academic Personnel Designee Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_