


Memorandum



Date: January 7, 2022

To: Honorable Chairman Jose "Pepe" Diaz
And Members, Board of County Commissioners

From: Daniella Levine Cava
Mayor 

Subject: Report on Implementing COVID-19 Paid Sick Leave for Miami-Dade County Employees- Directive No. 212986

This report is being presented in response to Resolution No. R-1002-21 sponsored by Commissioner Oliver G. Gilbert III and adopted by the Board of County Commissioners (Board) on October 19, 2021, directing the County Mayor or Mayor's designee to (1) implement COVID-19 paid sick leave through December 31, 2023, for non-bargaining County employees and (2) prepare and submit a report to the Board within 30 days of the effective date of the resolution recommending how the paid sick leave will be implemented.

Program Administration

The Human Resources Department (HR) has developed the attached "COVID-19 Paid Sick Leave Request Form" for eligible employees to utilize. Eligibility for the COVID-19 paid sick leave will be through December 31, 2023 and will be based on whether employees are unable to work at the worksite, through remote access or other means, or to telework due to a need for leave for any of the following reasons:

- a) The employee is subject to a federal, state or local quarantine or isolation order;
- b) The employee has been advised by a health care provider to self-quarantine;
- c) The employee is experiencing symptoms associated with COVID-19 and is seeking a medical diagnosis;
- d) The employee is caring for an individual for whom no other suitable care is available, and that individual:
 - 1) is subject to a federal, state, or local quarantine or isolation order related to COVID-19;
 - 2) has been advised by a health care provider to self-quarantine due to concerns related to COVID-19; or
 - 3) is experiencing symptoms associated with COVID-19 and seeking a medical diagnosis;
- e) The employee is caring for a child whose primary or secondary school or place of care has been closed (or whose childcare provider is unavailable) due to COVID-19 related reasons, and no other suitable care is available for that child;
- f) The employee is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services;
- g) The employee has been exposed to COVID-19 and is seeking or awaiting the results of a diagnostic test for, or a medical diagnosis of, COVID-19; or
- h) The employee is experiencing or recovering from an injury, disability, illness, or condition related to obtaining immunization related to COVID-19.

The maximum number of hours allowed during the entire period is 80, and these hours may be used intermittently. Employees may have to produce relevant supporting documentation in order to be approved for the benefit. Examples include proof of a positive COVID-19 test, proof of vaccination, a notice of closure or unavailability from the employee's child's school, place of care, or childcare provider or any other supporting documentation requested by the employee's department. The form and all relevant documentation will be validated and approved by the employee's supervisor and the Department Director or designee. Once approved, the COVID-19 sick leave hours will be appropriately recorded on

the employee's time sheet. Should an employee exhaust the 80 hours of COVID-19 sick leave, he/she may use available accrued leave to cover for the absence.

The Human Resources Department's Labor Relations Division has been in contact with all the unions to obtain their concurrence on the provision of this benefit to their members.

Pursuant to Ordinance No. 14-65, this report will be placed on the next available Board agenda. Should you have any questions, please contact Arleene Cuellar, Human Resources Director.

Attachment

c: Honorable Harvey Ruvlin, Clerk, Circuit and County Courts
Honorable Pedro J. Garcia, Property Appraiser
Lazaro Solis, Deputy Property Appraiser
Geri Bonzon-Keenan, County Attorney
Gerald K. Sanchez, First Assistant County Attorney
Jess M. McCarty, Executive Assistant County Attorney
Office of the Mayor Senior Staff
Department Directors
Felix Jimenez, Inspector General
Jose J. Arrojo, Executive Director, Commission on Ethics and Public Trust
Javier A. Betancourt, Executive Director, Citizens' Independent Transportation Trust
William Diggs, Executive Director, Miami-Dade Economic Advocacy Trust
Aileen Bouclé, Executive Director, Transportation Planning Organization
Melissa Adames, Director, Clerk of the Board
Jennifer Moon, Chief, Office of Policy and Budgetary Affairs
Yinka Majekodunmi, Commission Auditor
Departmental Personnel Representatives



**MIAMI-DADE COUNTY
HUMAN RESOURCES DEPARTMENT
REQUEST FOR COVID-19 LEAVE**

SECTION I: EMPLOYEE INFORMATION			
Last Name	First Name	MI	Employee ID Number
Job Title		Supervisor	
Department		Division	
Phone Number	Work Phone Number	Email:	

SECTION II: REASON FOR LEAVE	
<p>To request emergency paid sick leave as provided per Resolution No. R-1002-21 - COVID-19 Paid Sick Leave please complete this form and submit it to your Department Personnel Representative as soon as possible. You may take up to 80 hours of paid sick leave for any combination of the qualifying reasons below from October 29, 2021 through December 31, 2023.</p>	
<input type="checkbox"/>	<p>1. The employee is subject to a federal, state, or local quarantine or isolation order Name of Entity that gave Isolation Order: _____</p>
<input type="checkbox"/>	<p>2. The employee has been advised by a health care provider to self-quarantine Name of healthcare provider: _____</p>
<input type="checkbox"/>	<p>3. The employee is experiencing symptoms associated with COVID-19 and is seeking a medical diagnosis Name of healthcare provider: _____</p>
<input type="checkbox"/>	<p>4. The employee is caring for an individual for whom no other suitable care is available, and that individual: (1) is subject to a federal, state, or local quarantine or isolation order related to COVID-19; (2) has been advised by a health care provider to self-quarantine due to concerns related to COVID-19; or (3) is experiencing symptoms associated with COVID-19 and seeking a medical diagnosis Name of Individual, Relationship to Employee: _____</p>
<input type="checkbox"/>	<p>5. The employee is caring for a child whose primary or secondary school or place of care has been closed (or whose childcare provider is unavailable) due to COVID-19 related reasons, and no other suitable care is available for that child. Name of child(ren), age of child(ren), and name of school or daycare facility: _____</p>
<input type="checkbox"/>	<p>6. The employee is experiencing any other substantially similar condition specified by the U.S. Department of Health and Human Services</p>
<input type="checkbox"/>	<p>7. The employee has been exposed to COVID-19 and is seeking or awaiting the results of a diagnostic test for, or a medical diagnosis of COVID-19.</p>
<input type="checkbox"/>	<p>8. The employee is experiencing or recovering from an injury, disability, illness, or condition related to obtaining immunization.</p>

Anticipated Start Date of Leave		Anticipated End Date of Leave	
	Print Name	Signature	Date
Employee			
Employee Supervisor			
Department Director or Designee			

Please send completed form to your Departmental Personnel Representative.