City of Rochester Hills

COVID-19
Preparedness & Response Plan¹
June, 2020

Bryan K. Barnett
Mayor
City of Rochester Hills

¹This plan will be updated to address changes in City operations as well as State and/or County requirements. Under Executive Order 2020-97 a copy of this Plan is on file in the Human Resources Department and available at www.rochesterhills.org.
# TABLE OF CONTENTS

## City of Rochester Hills
COVID-19 Preparedness and Response Plan

### ESSENTIAL WORKERS

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Necessary to Perform Critical Infrastructure Function</td>
<td>3</td>
</tr>
</tbody>
</table>

### PROTECTIVE SAFETY

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Paid Sick Leave</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Remote Work</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Employee Screening Before Entering the Workplace</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Enhance Social Distancing</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Enhance Hygiene</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>Enhanced Cleaning Disinfecting</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>Visitors</td>
<td>5</td>
</tr>
</tbody>
</table>

### EMPLOYEES WITH SUSPECTED OR CONFIRMED COVID-19 CASES

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Suspected Cases</td>
<td>6</td>
</tr>
<tr>
<td></td>
<td>Confirmed Cases</td>
<td>7</td>
</tr>
</tbody>
</table>

### BUSINESS CONTINUITY PLAN

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>Plan</td>
<td>8</td>
</tr>
</tbody>
</table>

### APPENDICES

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>Critical Infrastructure Workers</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>City Policies</td>
<td>14</td>
</tr>
<tr>
<td></td>
<td>• FMLA Leave Expansion and Emergency Paid Sick Leave Policy</td>
<td>15</td>
</tr>
<tr>
<td></td>
<td>• Family and Medical Leave Act Policy</td>
<td>20</td>
</tr>
<tr>
<td></td>
<td>• Non-FMLA Qualifying Leave Extended Leaves of Absence policy</td>
<td>26</td>
</tr>
<tr>
<td></td>
<td>• Paid Time Off Policy</td>
<td>29</td>
</tr>
<tr>
<td></td>
<td>Employee Self Screening Forms</td>
<td>30</td>
</tr>
<tr>
<td></td>
<td>COVID-19 Mitigation Guide</td>
<td>37</td>
</tr>
<tr>
<td></td>
<td>COVID-19 Exposure Procedures</td>
<td>38</td>
</tr>
<tr>
<td></td>
<td>Signs for Buildings</td>
<td>40</td>
</tr>
<tr>
<td></td>
<td>Other Resources</td>
<td>43</td>
</tr>
<tr>
<td></td>
<td>Certification by Responsible Public Official</td>
<td>44</td>
</tr>
</tbody>
</table>
1 Essential Workers

**CORH COVID-19 Preparedness and Response Plan**

In order to respond to the current state of emergency related to the novel coronavirus (“COVID-19”) and to comply with relevant state and local orders related to COVID-19, the City of Rochester Hills has prepared the following COVID-19 Preparedness and Response Plan (“Plan”). This Plan will be updated as this situation evolves or as state and/or local orders related to COVID-19 are issued or amended.

**Essential Workers Necessary to Perform Critical Infrastructure Functions or Conduct Minimum Basic Operations**

Executive Order 2020-97 and previous executive orders prohibit the conduct of businesses or operations that require workers to leave their homes except to the extent those workers are necessary to sustain or protect life (i.e., critical infrastructure workers) or to conduct minimum basic operations. Appendix A contains a list of City of Rochester Hills critical infrastructure workers as described by the U.S. Cybersecurity and Infrastructure Security Agency in its March 19, 2020 guidance, as well as additional categories of such workers as identified by Governor Whitmer in Executive Order 2020-110 (and previous orders).

Executive Order 2020-110, expanded the list of workers initially identified under Executive Order 2020-42, which identified workers who are necessary to conduct minimum basic operations as “those workers whose in-person presence is strictly necessary to allow the business or operation to maintain the value of inventory and equipment, care for animals, ensure security, process transactions (including payroll and employee benefits), or facilitate the ability of other workers to work remotely.”

Only “critical infrastructure workers” or those required to conduct minimum basic operations may be permitted to perform in-person activities as long as any in-person work performed is consistent with the social distancing and mitigation measures required under any relevant executive order or public health order.
Paid Sick Leave
Employees are permitted to take paid leave consistent with the Families First Coronavirus Response Act under the City of Rochester Hill’s FMLA Leave Expansion and Emergency Paid Sick Leave Policy, as well as the City’s Family and Medical Leave Act Policy, Non-FMLA Qualifying Leave Extended Leaves of Absence policy, Paid Time Off Policy, and applicable union contracts. Refer to Appendix B for policy documents.

Remote Work
All employees who are not essential to operations, and whose job duties reasonably allow to them telework, are encouraged or may be required to work remotely.

Employee Screening Before Entering the Workplace
Examples of the City’s COVID-19 Employee Self-Screening Form and Fire Department Self-Screening Form are attached as Appendix C. In compliance with state and county executive orders, a daily screening form will be completed by all employees before entering the workplace. If an employee fails the screening process, he or she will be prohibited from entering the premises until allowed to return to work under the relevant executive orders or public health orders, as documented in the COVID-19 Mitigation Guide, attached as Appendix D.

Thermometers will be available in each department in the event an employee’s temperature needs to be verified. Fire Department employees will have their temperatures monitored daily. Any onsite employee who appears to have symptoms associated with COVID-19 may be isolated from other employees until they can safely leave the premises.

Personal Protective Equipment
The City shall provide and make available to all Critical Infrastructure Workers (CIW) and any worker preforming in-person work, personal protective equipment (PPE) such as gloves, goggles, face shields, and facemasks as appropriate for the activity being performed by the CIW. Any in-person worker able to medically tolerate a face covering must wear a covering over his or her nose and mouth when in any enclosed shared or public space.

Enhanced Social Distancing
Supervisors will direct employees to perform their work in such a way as to reasonably avoid coming within six feet of other individuals. Where possible, employees may be relocated or provided additional resources in order to avoid shared use of offices, desks, telephones, and tools/equipment. The number of employees permitted in any break room or lunchroom will be clearly identified to ensure social distancing restrictions can be followed. Employees should remain in their assigned work areas as much as possible. Employees will be provided with appropriate PPE as required. Physical barriers may be installed for employees commensurate with their level of risk of exposure to COVID-19 and as appropriate.

Enhanced Hygiene
Employees are instructed to wash their hands frequently, to cover their coughs and sneezes with tissue, and to avoid touching their faces. Employees will be provided with access to places to frequently wash hands or to access hand sanitizer. Employees will also be provided with access to tissues and to places to properly dispose of them. Signs regarding proper hand washing methods will be posted in all restrooms. Hand shaking is also prohibited as part of good hand hygiene.

Enhanced Cleaning and Disinfecting
Increased cleaning and disinfecting of surfaces, equipment, and other elements of the work environment will be performed daily and in response to exposure incidents using products containing EPA-approved disinfectants. Employees will be provided with access to disposable disinfectant wipes so that any commonly used surfaces can be wiped down before each use. In the event that an employee that has been in the workplace in the past 14 days tests positive for COVID-19, in accordance with Exposure Procedures outlined in Appendix E.
Tools and Equipment

The City limits the sharing of tools and equipment among employees. Should any sharing of tools be required, employees must disinfect and clean each tool or piece of equipment. The City will provide employees with disinfectant wipes and other disinfecting products for this purpose.

Visitors

Until the state of emergency is lifted by executive order, no visitors will be allowed in the workplace unless they are deemed essential to address an issue related to critical infrastructure functions.

All visitors shall review COVID-19 screening questions as posted at the entrance to the building (see Appendix F, Building Signs). All visitors will be required to wear a face covering over his or her nose and mouth, such as a homemade mask, scarf, bandana or handkerchief, or will be given one by staff. Visitors who present with symptoms and those who refuse or are unable to wear a facemask should be advised that they may call the department to make other arrangements in order to conduct business with the City.
Suspected Cases

An employee will be considered to have a Suspected Case of COVID-19 if any of the following apply (also refer to COVID-19 Mitigation Guide in Appendix D).

1. They are experiencing any of the following COVID-19 symptoms:
   - Fever (100.4F or greater)
   - Shortness of breath; and/or
   - Persistent cough.

2. They are experiencing at least two of the following symptoms:
   - Repeated shaking with chills
   - Headache
   - Muscle pain
   - Sore throat and/or
   - New loss of taste or smell
   - Extreme fatigue.

If an employee believes that he or she qualifies as a Suspected Case (as described above), they must:

1. Immediately notify their supervisor and contact the Human Resources Department;
2. Stay at home and avoid contact with others; and
3. Return to work after 3-days (72-hours) with no fever (and no fever-reducing medication) and other symptoms have improved; and
4. 10-days since symptoms first appeared; and no subsequent symptoms have developed; and
5. Receive medical clearance from the City’s Occupational Medicine (or other medical) provider to return to work; or
6. Test for COVID-19 and remain off work, pending results; and follow #3 & 5 above;

An employee will be also be considered to have a Suspected Exposure to COVID-19 if any of the following apply:

1. They have been exposed to a COVID-19 positive person, meaning:
   - An immediate family member has tested positive for or exhibited symptoms of COVID-19; or
   - In the last 14 days, the employee came in close contact with someone who has tested positive for COVID-19; or
2. They have traveled from an area with widespread ongoing transmission, as identified by the CDC.

If an employee believes that he or she has a Suspected Exposure (as described above), he or she must:

1. Immediately notify supervisor and Human Resources Department;
2. Self-quarantine for 14 days; and
3. Receive medical clearance from the City’s Occupational Medicine (or other medical) provider to return to work if #1 applies.
If an employee qualifies as a Suspected Case or has a Suspected Exposure (#1 only):

- Human Resources will notify all employees who may have come into close contact (being within approximately six feet for a prolonged period of time without PPE) with the employee in the past 14 days (while making its best effort not to disclose the specific identity of the employee in order to protect the individuals privacy, to the extent possible); and
- Facilities will ensure that the employee’s work area is thoroughly cleaned and sanitized.

### Confirmed Cases

An employee will be considered a Confirmed Case of COVID-19 if the employee has been performing in-person operations within the past 14-days and has tested positive for COVID-19.

If an employee believes that he or she qualifies as a Confirmed Case (as described above), he or she must:

- Immediately notify their supervisor and Human Resources contact of his or her diagnosis; and
- Remain out of the workplace until cleared to return to work by Human Resources.

If an employee qualifies as a Confirmed Case:

- **Human Resources** will:
  - Notify all employees who may have come into close contact with the employee (being within approximately six feet for a prolonged period of time without PPE) in the past 14 days (while making its best effort not to disclose the specific identity of the employee in order to protect the individuals privacy, to the extent possible);
  - Contact County Health Department to report confirmed case.

- **Facilities** will:
  - Ensure that the entire workplace, or affected parts thereof (depending on employee’s presence in the workplace), is thoroughly cleaned and disinfected;

- **City administration** will:
  - If necessary, close the work area or workplace, until all necessary cleaning and disinfecting is completed; and
  - Communicate with employees about the presence of a confirmed case, the cleaning/disinfecting plans, and when the workplace will reopen.
Members of the City’s COVID-19 Transition Task Force will:

- Work with management to cross-train employees to perform essential functions so the workplace can operate even if key employees are absent;
- Identify alternate supply chains for critical goods and services in the event of disruption;
- Develop an emergency communication plan to communicate important messages to employees and constituents.
APPENDICES

A. Critical Infrastructure Workers ................................................................. 10

B. City Policies .......................................................................................... 14
   • FMLA Leave Expansion and Emergency Paid Sick Leave Policy ............ 15
   • Family and Medical Leave Act Policy Family and Medical Leave Act Policy ... 20
   • Non-FMLA Qualifying Leave Extended Leave of Absence policy .......... 26
   • Paid Time Off Policy ......................................................................... 29

C. Employee Self Screening Forms .......................................................... 30

D. COVID-19 Mitigation Guide .................................................................. 37

E. COVID-19 Exposure Procedures ............................................................ 38

F. Signs for Buildings .............................................................................. 40

G. Other Resources .................................................................................. 43

H. Certification by Responsible Public Official ....................................... 44
Consistent with the March 19, 2020 CISA guidance document and Executive Order 2020-110, City of Rochester Hills critical infrastructure workers include:

<table>
<thead>
<tr>
<th>Position ID Description</th>
<th>Home Business Unit Description</th>
<th>operationally essential during this time?</th>
<th>Risk Exposure Level</th>
</tr>
</thead>
<tbody>
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<tr>
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</tr>
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<td>Building Department</td>
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<td>Building Department</td>
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<td>Inspector III-RDP</td>
<td>Building Department</td>
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<td>Facilities Fund</td>
<td>Yes</td>
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</tr>
<tr>
<td>Commun Syst Administrator</td>
<td>Facilities Fund</td>
<td>Yes</td>
<td>Medium</td>
</tr>
<tr>
<td>Crew Leader-Facilities</td>
<td>Facilities Fund</td>
<td>Yes</td>
<td>Medium</td>
</tr>
<tr>
<td>Fac Maint Specialist (PT)</td>
<td>Facilities Fund</td>
<td>Yes</td>
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</tr>
<tr>
<td>Facilities Maint Technician</td>
<td>Facilities Fund</td>
<td>Yes</td>
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</tr>
<tr>
<td>Facilities Manager</td>
<td>Facilities Fund</td>
<td>Yes</td>
<td>Medium</td>
</tr>
<tr>
<td>Building Technician-Permits</td>
<td>Ordinance Compliance</td>
<td>Yes</td>
<td>Medium</td>
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<td>Ordinance Inspector</td>
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<td>Yes</td>
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<td>Ordinance Compliance</td>
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<td>Admin Coordinator-Council</td>
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<td>Elections Division</td>
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<td>Medium</td>
</tr>
<tr>
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<td>Clerk's Department</td>
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APPENDIX B
CITY POLICIES

1. FMLA Leave Expansion and Emergency Paid Sick Leave Policy (pg14)
2. Family and Medical Leave Act Policy (pg19)
3. Non-FMLA Qualifying Leave Extended Leaves of Absence (pg25)
4. Paid Time Off Policy (pg28)
I. Purpose

To comply with the Families First Coronavirus Response Act and to assist employees affected by the COVID-19 outbreak with job-protected leave and emergency paid sick leave. This policy will be in effect from April 1, 2020, until December 31, 2020. Where not expanded or amended by this temporary policy, the City’s existing FMLA leave policy still applies.

II. Expanded FMLA--Paid Family Medical Leave (PFML)

Eligibility for PFML
Full-time, part-time and temporary employees who have been employed with the City of Rochester Hills for at least 30 days prior to date of leave request. As first responders, necessary during this public health emergency, Fire Fighters are ineligible for PFML.

Reason for PFML Leave
Eligible employees who are unable to work (or telework) due to a need to care for their child when the school or place of care has been closed, or the regular childcare provider is unavailable due to a public health emergency with respect to COVID-19.

"Child" means a biological, adopted, or foster child, a stepchild, a legal ward, or a child of a person standing in loco parentis, who is-

(A) under 18 years of age; or

(B) 18 years of age or older and incapable of self-care because of a mental or physical disability.

"Childcare provider" means a provider who receives compensation for providing childcare services on a regular basis, including:

- a center-based childcare provider
- a group home childcare provider
- a family childcare provider (one individual who provides childcare services for fewer than 24 hours per day, as the sole caregiver, and in a private residence)
- other licensed provider of childcare services for compensation
- a childcare provider that is 18 years of age or older who provides childcare services to children who are either the grandchild, great grandchild, sibling (if such provider lives in a separate residence), niece, or nephew of such provider, at the direction of the parent.

"School" means an elementary or secondary school.

Duration of PFML Leave
Employees will have up to 12 weeks of leave to use from April 1, 2020, through December 31, 2020, for the purposes stated above. This time is included in, and will not increase the total FMLA leave entitlement of 12 weeks in a 12-month period.

For example, if an employee has already taken 6 weeks of FMLA leave, that employee would be eligible for another 6 weeks of FMLA leave under this policy.
FMLA Leave Expansion and
Emergency Paid Sick Leave Policy (Coronavirus)

Intermittent or reduced schedule leave must be agreed upon between the employee and management.

Pay During PFML Leave
Leave will be unpaid for the first 10 work days of leave; however, employees may use any accrued paid vacation, sick or personal leave during this time. The employee may also elect to use Emergency Paid Sick Leave (PSL), as further explained in Section III below. After the first 10 days, leave will be paid at two-thirds of an employee's regular rate of pay for the number of hours the employee would otherwise be scheduled to work. Pay will not exceed $200 per day, and $10,000 in total. Any unused portion of this pay will not carry over to the next year.

For employees with varying hours, one of two methods for computing the number of hours paid will be used:

- The average number of hours that the employee was scheduled per day over the 6-month period ending on the date on which the employee takes leave, including hours for which the employee took leave of any type. Or,
- If the employee has worked less than 6 months, the expected number of hours to be scheduled per day at the time of hire.

Employee Status and Benefits During PFML Leave
While an employee is on leave, the City will continue the employee's health benefits during the leave period at the same level and under the same conditions as if the employee had continued to work. While on paid leave, the employer will continue to make payroll deductions to collect the employee's share of the premium. During any unpaid portions of leave, the employee must make arrangements with the Human Resources Department to continue making required premium contributions.

If the employee contributes to a life insurance or disability plan, the City will continue making payroll deductions while the employee is on paid leave. During any portion of unpaid leave, the employee may request continuation of such benefits and pay his or her portion of the premiums, if the employee does not continue these payments, the employer may discontinue coverage during the leave.

Procedure for Requesting Leave
All employees requesting FMLA leave must provide written notice, where possible, of the need for leave to the Human Resources Department as soon as practicable. Verbal notice will otherwise be accepted until written notice can be provided. Within five business days after the employee has provided this notice, the HR Department will complete and provide the employee with any Department of Labor (DOL) required notices.

The notice the employee provides should include a brief statement as to the reason for leave, and if possible, the expected duration.

On a basis that does not discriminate against employees on FMLA leave, the City will require an employee on FMLA leave to report periodically on the employee's status and intent to return to work.
FMLA Leave Expansion and Emergency Paid Sick Leave Policy (Coronavirus)

Employee Status After PFML Leave

Generally, an employee who takes FMLA leave will be able to return to the same position or a position with equivalent status, pay, benefits and other employment terms in effect at the time of leave. The City may choose to exempt certain key employees from this requirement and not return them to the same or similar position when doing so will cause substantial and grievous economic injury to City operations. Key employees will be given written notice at the time FMLA leave is requested of his or her status as a key employee.

Please contact the Human Resources department with any questions.

III. Emergency Paid Sick Leave (PSL)

Eligibility for PSL

All full- and part-time employees unable to work (or telework) due to one of the following reasons for leave:

1. The employee is subject to a federal, state or local quarantine or isolation order related to COVID-19.
2. The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID—19.
3. The employee is experiencing symptoms of COVID—19 and seeking a medical diagnosis.
4. The employee is caring for an individual who is subject to either number 1 or 2 above.
5. The employee is caring for his or her child if the school or place of care of the child has been closed, or the childcare provider of such child is unavailable, due to COVID—19 precautions.
6. The employee is experiencing any other substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor.

"Child" means a biological, adopted, or foster child, a stepchild, a legal ward, or a child of a person standing in loco parentis, who is:

   (A) under 18 years of age; or
   (B) 18 years of age or older and incapable of self-care because of a mental or physical disability.

Amount of Emergency PSL

All eligible full-time employees will have up to 80 hours of paid sick leave available to use for the qualifying reasons above. Eligible part-time employees are entitled to the number of hours worked, on average, over a two-week period.

For employees with varying hours, one of two methods for computing the number of hours paid will be used:

- The average number of hours that the employee was scheduled per day over the 6-month period ending on the date on which the employee takes leave, including hours for which the employee took leave of any type. Or,
- If the employee has worked less than 6 months, the expected number of hours to be scheduled per day at the time of hire.
FMLA Leave Expansion and Emergency Paid Sick Leave Policy (Coronavirus)

Rates of Pay for Emergency PSL
Paid emergency sick leave will be paid at the employee's regular rate of pay, or minimum wage, whichever is greater, for leave taken for reasons 1-3 above (see Section II. Eligibility section). Employees taking leave for reasons 4-6 will be compensated at two-thirds their regular rate of pay, or minimum wage, whichever is greater. Pay will not exceed:

- $511 per day and $5,110 in total for leave taken for reasons 1-3 above;
- $200 per day and $2,000 in total for leave taken for reasons 4-6 above.

Interaction with Other Paid Leave
The employee may use emergency paid sick leave under this policy before using any other accrued paid time off for the qualifying reasons stated above.

Employees on expanded FMLA leave under this policy may use emergency paid sick leave during the first 10 days of normally unpaid PFML leave.

Intermittent or reduced schedule PSL associated with child care related needs and must be agreed upon between the employee and management.

Procedure for Requesting Emergency Paid Sick Leave
Employees must notify their manager or the Human Resources Department of the need and specific reason for leave under this policy. A request form is posted on the City’s Human Resources intranet page or available by contacting the Human Resources Department directly. Verbal notification will be accepted until practicable to provide written notice.

Once emergency paid sick leave has begun, the Human Resources Department will monitor the employee’s status for return to work and notify management as appropriate.

Carryover
Paid emergency sick leave under this policy will not be provided beyond December 31, 2020. Any unused paid sick leave will not carry over to the next year or be paid out to employees.

Job Protections
No employee who appropriately utilizes emergency paid sick leave under this policy will be discharged, disciplined or discriminated against for work time missed due to this leave.

Please contact the Human Resources department with any questions.
FMLA Leave Expansion and
Emergency Paid Sick Leave Policy (Coronavirus)

Bryan K. Barnett, Mayor

Date Adopted: 04/01/2020
POLICY STATEMENT

To allow employees time away from work with job protection in order to attend to specified family and medical needs, the City will grant requests for family and medical leave or provide required notice to eligible employees in accordance with the Family and Medical Leave Act of 1993 (FMLA), and consistent with Union contracts and City policies.

The City provides eligible employees with up to 12 workweeks of unpaid, job-protected leave in a rolling 12-month period for certain family and medical reasons; or up to 26 workweeks of leave for eligible employees to care for a covered service member or covered veteran with a serious illness or injury.

CONDITIONS AND REQUIREMENTS

I. **Eligibility**

   In order to qualify to take leave under this policy, the employee must have:

   1. Worked for the City at least 12 months or 52 weeks. The 12 months, or 52 weeks, need not have been consecutive; and

   2. Had at least 1250 hours of service during the 12-month period immediately preceding the date when the leave will begin.

II. **FMLA-Qualifying Reasons for Leave**

   Eligible employees can take FMLA leave for any of the following reasons:

   1. The birth of a son or daughter, and to care for the newborn;

   2. The placement with the employee of a son or daughter for adoption or foster care, and to care for the newly placed child;

   3. To care for the employee's spouse, minor son or daughter, disabled adult child (incapable of self-care) or parent with a serious health condition;

   4. A serious health condition that makes the employee unable to perform the functions of the employee's job, as described in Section IV (below);

   5. **Active Duty Leave** — any qualifying exigency (as defined by regulation) related to a spouse, son, daughter, or parent's active duty or notification of an impending call or order to active duty in the Armed Forces in support of a contingency operation;

   6. **Military Caregiver Leave** — an employee who is the spouse, son, daughter, parent or next of kin of a covered service member or covered veteran is entitled to a total of 26 workweeks of leave during a 12-month period to care for the veteran or service member. The leave is available during a single 12-month period.

III. **Rolling Twelve-month Period**

   The City will use a rolling 12-month period to determine the amount of leave entitlement, measured backward from the date an employee uses any qualified leave under this policy. Each time an employee takes FMLA leave, the City will compute the amount of leave the employee has taken within the last 12 months under this policy and subtract it from the 12 weeks of available leave. The balance remaining, if any, is the amount of leave the employee is entitled to take at that time.
I. **Serious Health Condition**

A "serious health condition" means any illness, injury, impairment, or physical or mental condition that may involve any of the following:

1. Inpatient care (i.e. an overnight stay in a hospital or medical care facility); or

2. Continuing treatment by a health care provider. Continuing treatment can mean any of one of the following:

   a. A period of incapacity of more than three full consecutive days relating to the same condition that involves two treatments (e.g., office visits) by a health care provider or one treatment followed by a regimen of continuing treatment (e.g., prescriptions);

   b. Any period of incapacity due to pregnancy or prenatal care; periods of incapacity due to chronic serious health conditions; a period of incapacity which is long term or permanent due to a condition for which treatment may not be effective;

   c. Periods of absence for multiple treatments by a health care provider for restorative surgery 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.

Employees with questions about whether a condition is a serious health condition under the FMLA are encouraged to consult with the Human Resources Department.

The City may require an employee to provide a doctor’s certification of a serious health condition (see the certification process outlined in Section V)

V. **Certification of a Serious Health Condition**

A. The City reserves the right to request certification of a serious health condition to determine an FMLA qualifying circumstance. The employee must respond to such a request within 15 days of the request, or provide a reasonable explanation for the delay. Failure to provide certification may result in a denial of leave under this policy.

B. Certification of a serious health condition shall include information relating to the approximate date when the condition began, its probable duration, medical facts that support the certification, and a brief statement of a regimen of continuing treatment, if any. Medical certification may be provided by using the Certification of Health Care Provider form available in the Human Resources Department.

C. Employees who are unable to work for more than three full consecutive days due to their own serious health condition are required to obtain and present certification of the employee’s ability to return to work (fitness for duty certification), except as may be provided by a Union contract, and consistent with federal and state law.

D. In requesting a medical leave for the employee’s own medical condition, the certification must also include a statement that the employee is unable to work or perform one or more essential functions of the employee’s position. For a seriously ill family member, the certification must include a statement that the patient requires assistance for specific enumerated needs or that the employee’s presence would be beneficial or desirable for the patient.

E. If the employee plans to take intermittent leave or work a reduced schedule, the certification must also include actual and estimated dates, the duration of treatment and a statement of necessity for talking intermittent leave or working a reduced schedule for a serious health condition.

F. The City may require a second medical opinion if it has reason to doubt the certification. The City will pay the cost for this second examination to be performed by a physician selected by the City, in accordance with law.

G. After initial certification, the City may require additional certifications in accordance with the FMLA.

VI. **Intermittent Leave or a Reduced Work Schedule**

A. Employees may be entitled to take FMLA leave intermittently (several blocks of time) or under a reduced work schedule (a work schedule that reduces an employee’s usual number of hours per
workweek or workday) when medically necessary for planned or unanticipated medical treatment; for recovery from either treatment or a serious health condition; or to provide care or comfort to a spouse, parent, child or covered service member/veteran with a serious health condition.

B. Subject to applicable law, the City may temporarily transfer an employee to an available alternative position with equivalent pay and benefits if the alternative position would better accommodate the employee's need for intermittent leave or a reduced work schedule.

C. If an employee takes FMLA leave on an intermittent or reduced work schedule, only the amount of leave taken will be counted toward the weeks of FMLA leave to which an employee is entitled.

D. Employees needing intermittent FMLA leave or FMLA leave based on a reduced work schedule must attempt to schedule their leave so as not to disrupt the City's operations. In addition, the City may require certification of the medical necessity for such a leave, as discussed in Section V.

VII. Special Rules for Birth, Adoption and Foster Care

A. If leave is taken for the birth of a child or the placement of a child for adoption or foster care, any available FMLA leave must be taken within one year of the birth, or placement of the child for adoption or foster care.

B. If a husband and wife eligible for leave are employed by the City, they are limited to a combined total of 12 weeks of leave.

C. Leaves for birth, adoption and foster care must be taken all at once, not in parts and not on an intermittent or reduced leave schedule unless the City agrees otherwise, or unless the need for leave is in connection with an eligible serious health condition of the mother or child.

VIII. Use of Income Benefits During FMLA Leave

Approved FMLA leave is unpaid. However, employees who have been approved for an FMLA leave may use, or be required by the City to use, income benefits during their FMLA leave in accordance with the following guidelines:

A. FMLA runs concurrently with an employee's use of other paid income benefits, i.e., Short Term Disability Benefits (STD), workers' compensation wage loss benefits, and the use of the employee's accrued vacation, compensatory ("comp") time and annual leave.

B. Annual leave will be charged for any unscheduled time-off until it can be determined whether an FMLA-qualifying circumstance exists.

C. Once an FMLA qualified leave is certified by Human Resources (if not receiving STD or workers' compensation benefits), the employee is required to exhaust vacation time prior to the use of unpaid time.

D. In accordance with the compensatory ("comp") time policy in effect for the employee's department, the use of comp-time during an FMLA-qualified leave may be required prior to the use of accrued vacation.

E. Once all vacation time and any required comp-time are exhausted, employees may, but are not required to, use any remaining annual leave during an FMLA leave.

F. Annual leave, vacation and comp-time must be charged in increments of no less than 15 minutes.

G. Following the elimination period of an STD claim or a workers' compensation claim, employees are not permitted to use any annual leave, comp-time or vacation time simultaneously with the receipt of STD benefits or worker's compensation benefits.
IX. Other Benefits During Leave

A. Health Insurance Benefits

An employee’s health insurance benefits under a group health plan will continue while the employee is on FMLA leave at the same level and under the same conditions as if the employee had continued to work.

B. Special Rules for Employee Premium Contribution Payments

1. If the employee is enrolled in a health plan that requires premium contributions prior to FMLA leave, the employee must continue to pay the contributions during FMLA leave. The City will continue to make payroll deductions to collect any required employee contributions if the employee receives a City payroll check for other paid time-off benefits (e.g. vacation or comp-time) while on leave.

2. If the employee is not receiving a City paycheck, the employee must continue to make any employee premium contribution payments while on leave.

Payment arrangements may be made by contacting Human Resources. Payments must be received in the Accounting Department by the first day of the month preceding the month of coverage. If the contribution payment is more than 30 days late, health care coverage may be canceled by the City for the duration of the leave. The employee will receive a 15-day written notice by the City advising of such cancellation for non-payment of premium.

C. Other Insurance Benefits

1. Although not required by the FMLA, if the employee is on FMLA leave for the employee’s own serious health condition, the City will continue life insurance and disability benefits while the employee is on leave under this policy at the same level and under the same conditions as if the employee had continued to work. If the employee wishes to continue their voluntary elections, they must continue to pay voluntary premiums while on leave.

2. The City will continue making payroll deductions for any required employee premium payments if the employee is receiving a City payroll check for other paid time-off benefits during leave.

3. When the employee is no longer receiving a City payroll check, the employee must make any required employee premium contributions in order to continue the coverage.

Payment arrangements may be made by contacting Human Resources. Payments must be received in the Accounting Department by the first day of the month preceding the month of coverage. If the contribution payment is more than 30 days late, health care coverage may be canceled by the City for the duration of the leave. The employee will receive a 15-day written notice by the City advising of such cancellation for non-payment of premium.

4. If the employee is on leave under this policy for something other than the employee's serious health condition, life insurance and disability coverage will cease as of the first of the month following one full calendar month on leave without a City payroll check.

D. Loans from 457 Deferred Compensation

If an employee has an outstanding loan against a 457 Deferred Compensation account while on a disability leave (STD, LTD or Workers’ Compensation), special arrangements must be made in order to prevent a loan default (see Human Resources for current carrier requirements).

E. Accruing Vacation and Annual Leave Benefits During Leave

If an employee receives a City paycheck during a leave, the employee’s paycheck will reflect an additional accrual of vacation and annual leave benefits, which may be used by the employee or as required by the City in conjunction with FMLA leave. (See Section VIII for more information)

X. Mandatory Designation of FMLA-Qualifying Leaves
Once the City obtains sufficient information or a medical certification that an employee's absence or time-off request results from a situation that qualifies for leave under this policy, the City will designate all qualifying time-off toward any FMLA leave available to the employee within the rolling 12-month period. In order to lawfully manage FMLA leave under this policy, proper and timely reporting of time-off is essential. Failure to comply with the reporting requirements identified below could subject the responsible party to disciplinary action:

A. Except where the absence is not foreseeable, in accordance with union contract provisions and City policies, all employees requesting leave must submit a Leave Request Form to their Department Director in advance of absence.

B. All requests for leaves of absence for FMLA-qualifying circumstances (refer to Section II) must be disclosed to department management or to Human Resources by the employee. If the employee notifies management of an FMLA-qualifying circumstance, that information must be promptly reported to Human Resources by management.

C. When an employee is absent for more than three full consecutive work days without prior authorization, the absence must be reported to Human Resources.

XI. Requests for FMLA Leave

A. When an employee plans to take FMLA leave under this policy, the employee must give the City 30-days notice. If it is not practicable to give 30-days notice, the employee must give notice as soon as practicable. An employee undergoing planned medical treatment is required to make a reasonable effort to schedule the treatment to minimize disruptions to the City's operations.

B. If an employee fails to provide 30-days notice for foreseeable leave with no reasonable excuse for the delay, the leave request may be denied until at least 30 days from the date the employer receives notice.

C. When the need for an FMLA leave is not foreseeable, the employee should give notice as soon as practicable, generally within one or two working days of learning of the need for leave.

D. While on leave, employees may be required to report periodically to the Human Resources Department regarding the status of the medical condition and their intent to return to work.

XII. Employee Status After Leave

A. With limited exception, an employee who is returned to duty after an FMLA leave will be able to return to the same job or a job with equivalent pay, benefits and other terms and conditions of employment as defined by law.

B. If coverage under a group health care plan lapses because an employee has not made required premium payments, upon the employee's return from FMLA leave, the City will restore the employee to group health care coverage/benefits equivalent to those the employee would have had if leave had not been taken. The employee is responsible for payment of any past due contributions in accordance with carrier requirements.

C. Other than for extended illness leave, an employee who wants to request additional leave beyond that afforded under this policy may make such a request in writing to the Director of Human Resources through the appropriate Department Head. Such unpaid leave may be granted at the discretion of the City in accordance with any applicable union contract.

D. An employee granted a non-illness related leave extension may continue group health benefits at their own expense, subject to City policy, COBRA and insurance carrier requirements.

E. If the employee chooses not to return to work for reasons other than a continuation, recurrence or onset of a serious health condition of the employee or the employee's immediate family members that would otherwise entitle the employee to FMLA leave; or other circumstances beyond the control of the employee, as defined by law; the employee will be considered to have resigned. Under these circumstances, the City may require the employee to reimburse the amount it paid for the employee's insurance premiums during the leave period. Such amount may be deducted from any wages or money due the employee at termination in accordance with applicable law.
INTERPRETATION OF POLICY
This policy is a summary and is not meant to contain all of the provisions of the FMLA or its regulations. It is the intent of the City that this policy is to provide FMLA leave in accordance with and to the full extent required by law, except as to those instances where the City's policy expressly provides employees with greater benefits and/or is superseded by union contract provisions.

Bryan K. Barnett, Mayor

Date Adopted:  August 5, 1993
Date Revised:  February 11, 2008
Date Revised:  September 26, 2013
I. **Extended Leaves of Absence**

Leaves of absence for circumstances that do not qualify under the Family and Medical Leave Act (FMLA) may be granted as specified below. Such leaves of absence should be requested as soon as the employee is aware of the need for time off or at least 30-days in advance, except under emergency circumstances. Authorization of such leave may be subject to verification and will be at the discretion of the Department Director and subject to review by Human Resources and approval by the Mayor. The City’s determination as to an employee’s eligibility for leave shall be final.

Leaves under this policy shall be for the duration provided below, subject to extension where indicated. Any extension, and the length of such extension, is subject to approval at the sole discretion of the City.

1. **Care Giver Leave**: To allow an employee to care for a relative or person with whom the employee has a close relationship similar to that of a family member, not qualifying under the FMLA, for **up to 60 calendar days; subject to extension**. Periodic verification of the ongoing need for such care may be required by the City. The employee may be required to provide proof of relation or similar close relationship.

2. **Elected/Appointed Official**: To serve in an elected or appointed public position for a term of office **not to exceed two years**.

3. **Educational Leave**: To attend a post-high school degree or certificate program on a full-time basis for **up to six months**.

4. **Non-Emergency Personal Leave**: To attend to serious matters which require the employee’s absence from work and/or would interfere with the performance of the employee’s duties if the leave were not granted. The employee must request non-emergency leave as soon as possible, but in no event less than thirty (30) days in advance. Duration: **Up to 30 calendar days; subject to extension**.

5. **Emergency Leave**: To attend to serious matters which arise without notice and require the employee’s absence from work and/or would interfere with the performance of the employee’s duties if the leave were not granted. The employee must request emergency leave prior to the start of their next work shift or as soon thereafter as possible. The City will promptly advise the employee as to the status of their request. Duration: **Up to 30 calendar days; subject to extension**.
II. Compensation during Extended Leaves of Absence

Use of Accrued Time
Leaves under this policy are unpaid, except to the extent that accrued compensatory, vacation or annual leave are applied concurrently. Employees who are granted leaves of absence under this policy must exhaust all compensatory time and vacation prior to the use of more than two unpaid leave days.

Employees may, but are not required to, exhaust or use annual leave in connection with leaves under this policy.

An Employee on a leave under this policy will continue to accrue annual and vacation time so long as the employee is using compensatory time, vacation and/or annual leave and, as a result, is receiving wages directly from the City. Annual and vacation time will cease to accrue as of the first pay period during which the employee does not receive wages directly from the City.

Benefit Contributions
Pension contributions by the City will continue while an employee is on a leave under this policy, so long as the employee is using compensatory time, vacation and/or annual leave, as a result, is receiving wages directly from the City. Any applicable employee contributions shall be deducted from wages. Pension contributions by the City will cease as of the first pay period when the employee ceases to use compensatory time, vacation and/or annual leave and, as a result, is no longer receiving wages directly from the City.

Any contributions by the City toward health, life and disability insurance will continue while an employee is on a leave under this policy so long as the employee is using compensatory time, vacation and/or annual leave and, as a result, is receiving wages directly from the City. Any applicable employee contributions shall be deducted from wages.

Any contributions by the City toward health, life and disability insurance shall cease the first of the month following one full month in which the employee ceases to use compensatory time, vacation and/or annual leave and, as a result, is no longer receiving wages directly from the City. In the event that City contributions cease, health insurance may be continued during a leave under this policy, with premiums paid by the employee under COBRA provisions. Life and disability insurance coverage will be suspended, subject to reinstatement when the employee returns from leave.

III. Employees Working a Reduced Schedule while on Leave
An employee on a leave under this policy may be permitted to work a reduced schedule if a reduced work schedule is desired by the employee and approved by the City. The duration limits described in Section I shall apply to a reduced schedule leave. The employee must exhaust compensatory and vacation time to supplement earnings up to regular base pay. Employees may, but are not required to, exhaust or use annual leave.

Benefits associated with the employee's regular full-time position will be continued provided the employee utilizes sufficient accrued leave to supplement earnings to
receive their regular base weekly pay, or the employee is actively working a minimum of 30 hours per week.

An employee authorized to work a reduced schedule under this policy will be temporarily reclassified to a part-time status as of the first of the month following the first pay period where insufficient compensatory time, vacation and/or annual leave are available to receive regular base weekly wages, or the employee is unable to work a minimum of 30 hours per week.

In the event that City contributions cease, health insurance may be continued while working in a part-time status, fewer than 30 hours per week, under this policy, with premiums paid by the employee under COBRA provisions. Any remaining accrued leave balances will be frozen; and life and disability insurance coverage will be suspended, subject to reinstatement when the employee returns from leave to full-time status.

IV. Return to Regular Full-Time Status from Part-Time Leave

Upon return from a leave under this policy, the employee may be reinstated to their regular position or reassigned to a comparable full-time position, if such a position is available. There is no guarantee of reinstatement.

The employee will be immediately eligible for benefits and accruals discontinued under this policy (subject to legal and insurance carrier requirements) upon return from leave to regular full-time employment status.

NOTE: The above City policy provisions may be superseded by union contract language for applicable employee groups.

Date Adopted: September 27, 2013

Bryan K. Barnett, Mayor
The City of Rochester Hills will endeavor to maintain a safe and healthy work environment for all employees, to inform employees about pandemic viruses and provide them with information from reliable sources such as Oakland County Health Department and the CDC.

City administration reserves the right to exclude a person with a communicable disease from City facilities, programs, and functions if it finds that, based on a medical determination, such restriction is necessary for the welfare of the person who has Influenza or other communicable disease and/or the welfare of others within the workplace.

The City will comply with all applicable statutes and regulations that protect the privacy of employees who have influenza or other communicable diseases. Every effort will be made to ensure procedurally sufficient safeguards to maintain the privacy and confidentiality of affected employees.

All personnel are required to report all communicable disease knowledge, rumored or confirmed, to the Director of Human Resources at 248-656-4708.

Employees with confirmed coronavirus or influenza, or who are experiencing flu-like symptoms are expected to stay home.

- Symptoms may include fever (100.4°F/38°C or higher), headache, muscle pain, cough, runny nose, chills, diarrhea, vomiting, sore throat, fatigue, and/or shortness of breath.

- **Employees are not to return to work until they are no longer contagious as determined by:**
  - A medical release to return to work submitted to the Human Resources Department prior to returning to work, if absent more than three work days (Fire Fighters must report to the Fire Chief or Deputy Chief); or
  - A minimum of 72 hours after fever and other symptoms are no longer evident without the use of fever-reducing medicines.

**Time-off will be authorized until the affected employee is able to safely return to work.**

- FMLA may apply under qualifying circumstances for a serious health condition or for those who are needed to care for an infected family member.

- Short term disability may be utilized under qualifying circumstances.

- The City reserves the right to require, suspend or reinstate the requirement for a doctor’s note or other documentation as conditions change or the need arises.

- Employees may use annual leave, comp time or vacation to provide for paid time-off associated with their recovery or the care of a family member with the flu.

- Leave without pay will be authorized if accrued time off is exhausted.
  - Contact Human Resources immediately if an employee who is off due to the flu is close to depleting their accrued time off.
  - Other options, such as working from home or advanced leave may be considered in order to reduce financial or operational impact and avoid a premature return to the workplace.

The City reserves the right to amend this policy during a State of an Emergency.
APPENDIX C

CORH COVID-19 EMPLOYEE SELF-SCREENING FORM

CORH COVID-19 FIRE SELF-SCREENING FORM
COVID-19 Employee Self-Screening

As you know, COVID-19 is now a global pandemic and the situation continues to evolve quickly. Effective March 25, 2020, Oakland County Executive David Coulter has ordered daily employee screenings for potential risks of COVID-19 to ensure the health and safety of everyone. Until further notice, employees are required to complete this form before reporting to any City work site.

* Required

1. Email address *

2. Your Name *

3. City Department (or Company if not a City Employee) *
   
   Mark only one oval.

   - Assessing
   - Building
   - Clerk's Office
   - DPS
   - Fiscal/Accounting/Treasury/Purchasing
   - HR
   - Mayor's Office
   - MIS
   - Parks and Natural Resources
   - Planning
   - Fire Department
   - OCSO
   - Other: ___________________________
4. Where are you working today? Check all that apply *
   *Check all that apply.*
   - Working from home but need access to my work site for a limited time
   - Working at City Hall
   - Working at DPS Garage
   - Working at a Fire Station
   - Working in the field
   - Other:  

Symptoms

5. Have you or anyone in your household had ANY of the following symptoms in the past 5 days?
   Chose YES if ANY of the following symptoms apply: fever/feverish (temp of 100.4 or greater),
   chills, sore throat, dry cough, difficulty breathing, digestive symptoms such as diarrhea,
   vomiting, abdominal pain, extreme exhaustion or altered sense of taste or smell. *
   *Mark only one oval.*
   - Yes  
     Skip to section 7 (You have not passed the screening. Do not report to your work site.
     Please advise your supervisor and contact Human Resources at 248-656-4708 for further
     instruction.)
   - No

Travel

6. Have you traveled to an area with widespread ongoing transmission of COVID-19 (as identified
   by the CDC) within the past 14 days? *Mark only one oval.*
   - Yes  
     Skip to section 7 (You have not passed the screening. Do not report to your work site.
     Please advise your supervisor and contact Human Resources at 248-656-4708 for further
     instruction.)
   - No
Contact

7. Have you had close (within six feet) contact with a confirmed or probable COVID-19 case in the past 14 days? * Mark only one oval.

☐ Yes

Skip to section 7 (You have not passed the screening. Do not report to your work site. Please advise your supervisor and contact Human Resources at 248-656-4708 for further instruction.)

☐ No  Skip to question 8

Agreement

8. Do you agree to comply with the City’s policies and guidelines for returning to work, including wearing a mask as required?

Mark only one oval.

☐ Yes

Skip to section 6 (You may continue with your work day. Always follow prevention practices as posted at City work sites and on the Intranet, including social distancing and proper hand washing.)

☐ No

Skip to section 7 (You have not passed the screening. Do not report to your work site. Please advise your supervisor and contact Human Resources at 248-656-4708 for further instruction.)

You may continue with your work day. Always follow prevention practices as posted at City work sites and on the Intranet, including social distancing and proper hand washing.

You have not passed the screening. Do not report to your work site. Please advise your supervisor and contact Human Resources at 248-656-4708 for further instruction.

Thank you for self-screening and working to keep our community safe and healthy.

Thank you for your cooperation in self-screening and working to keep our community safe and healthy.
COVID-19 Fire Department Self-Screening

As you know, COVID-19 is now a global pandemic and the situation continues to evolve. Per the Governor’s Executive Order 2020-91 records of daily employee screenings for potential risks of COVID-19 are required to ensure the health and safety of everyone. As a first responder, you are considered at high risk of potential exposure to known or suspected sources of COVID-19. Until further notice, you are required to complete this form once daily before reporting to your fire station or any City work site.

* Required

1. Email address *

2. Your Name *

3. What is your assigned Fire Station or work location? *

   Mark only one oval.
   
   [ ] One
   [ ] Two
   [ ] Three
   [ ] Four
   [ ] Five
   [ ] Other:
4. What is your work assignment today? Check all that apply *

   Check all that apply.

   [ ] Working at a Fire Station/Office Administration
   [ ] Conducting Fire Inspections in the field
   [ ] Assigned to suppression or EMS runs
   [ ] Other: ________________________________

Symptoms

5. Have you or anyone in your household had ANY of the following symptoms in the past 5 days? Check all symptoms that apply: *

   Check all that apply.

   [ ] 1) Fever/feverish (100.4 degrees or more, as verified by a temperature check)
   [ ] 2) Sore throat
   [ ] 3) Difficulty breathing
   [ ] 4) Dry cough
   [ ] 5) Chills and/or shaking
   [ ] 6) Digestive symptoms such as diarrhea
   [ ] 7) Vomiting
   [ ] 8) Abdominal pain
   [ ] 9) Extreme exhaustion
   [ ] 10) Altered sense of taste or smell. None

6. Did you check any of symptoms numbered 1 - 3 above, or at least two symptoms numbered 4 - 10?

   Mark only one oval.

   [ ] Yes
   [ ] No

   *Skip to section 6 (You have not passed the screening. Do not report to your work site. Please advise your supervisor and contact Human Resources at 248-656-4708 for further instruction.)

   *Skip to section 5 (You may continue with your work day. Always follow prevention practices as posted at City work sites and on the Intranet, including proper PPE, social distancing when possible and proper hand washing.) Travel
7. Have you traveled to an area with widespread transmission of COVID-19 (as identified by the CDC) within the past 14 days? * Mark only one oval.

☐ Yes

Skip to section 6 (You have not passed the screening. Do not report to your work site. Please advise your supervisor and contact Human Resources at 248-656-4708 for further instruction.)

☐ No

8. Have you had close (within six feet) contact with a confirmed or probable COVID-19 case in the past 14 days, including patient transport? * Mark only one oval.

☐ Yes

☐ No

9. If you have had close contact, were you wearing proper PPE for high risk exposure, including face shield or goggles, N95 or higher respiratory protection, gloves and gown or Tyvek coveralls?

Mark only one oval.

☐ Yes

Skip to section 5 (You may continue with your work day. Always follow prevention practices as posted at City work sites and on the Intranet, including proper PPE, social distancing when possible and proper hand washing.)

☐ No

Skip to section 6 (You have not passed the screening. Do not report to your work site. Please advise your supervisor and contact Human Resources at 248-656-4708 for further instruction.)

You may continue with your work day. Always follow prevention practices as posted at City work sites and on the Intranet, including proper PPE, social distancing when possible and proper hand washing.

You have not passed the screening. Do not report to your work site. Please advise your supervisor and contact Human Resources at 248-656-4708 for further instruction.

Thank you for self-screening and working to keep our community safe and healthy.

Thank you for your cooperation in self-screening and working to keep our community safe and healthy.
# APPENDIX D

## CITY OF ROCHESTER HILLS

### COVID-19 MITIGATION GUIDE

<table>
<thead>
<tr>
<th>COVID EXPOSURE (Report all exposures or potential exposures requiring time off or testing to the Human Resources Director at ext. 2221)</th>
<th>Practice basic workplace COVID Protection Measures</th>
<th>Watch for symptoms &amp; check temp twice a day</th>
<th>Stay home/avoid contact with others; return to work after 14 days</th>
<th>Stay home/avoid contact with others; return to work after 3 days (72 hrs) with no fever (without medicine) and other symptoms have improved; and,</th>
<th>Return to work after 10 days since symptoms first appeared and no subsequent symptoms develop</th>
<th>Test for COVID-19 &amp; remain off work pending results; then follow testing scenarios based on results</th>
<th>Re-test after 7 days</th>
<th>Medical Screen to return to work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experiencing fever and other COVID-19 symptoms **</td>
<td>x</td>
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<tr>
<td>Over 6ft from someone with symptoms and not exposed to a cough or sneeze</td>
<td>x</td>
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<tr>
<td>Close contact (within 6ft) of someone with symptoms for 15 min or more, or exposed to a cough or sneeze</td>
<td>x</td>
<td>x</td>
<td>Option</td>
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<tr>
<td>Non-First Responder—Lives with or known exposure to a person who tests positive for COVID-19</td>
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<td>x</td>
<td>Option</td>
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</tr>
<tr>
<td>First Responder—Known exposure to patient who tests positive for COVID-19</td>
<td>x</td>
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<td>Traveled internationally, or to an area where COVID-19 is widespread (per CDC)</td>
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<td>Traveled to out of the State (per County Order)</td>
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<td>Physician suspected or confirmed COVID-19 with symptoms</td>
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### TESTING SCENARIOS:

| Tests Positive with symptoms | x | x | | |
| Tests Positive, no symptoms | x | x | x | x |
| Tests Negative with symptoms | x | x | x | | |
| Tests Negative, no symptoms | x | x | Option without med screen | | |

**NOTE:** This guidance is based on available information from CDC, Health Department and the City's occupational medicine provider. It will be updated as guidelines change or recommendations are further clarified.

### COVID PROTECTION MEASURES:
- Avoid groups of people not properly (6ft) distancing
- Stay at least 6ft away from any non-household member or known COVID positive person
- Wear a face mask outside and at work
- Wash hands often and avoid touching face
- Eat well, get regular exercise and plenty of sleep

### COVID-19 SYMPTOMS:
- Shortness of breath
- New or worsening cough (not due to known medical reason)
- Fever of 100.4 or greater
- At least 2 of the following:
  - Repeated shaking with Chills
  - New onset of loss of smell or taste
  - Sore throat
  - Diarrhea (not due to known medical reason)
  - Muscle Pain
  - Headache
  - Extreme Fatigue

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Updated: 5/28/2020
**APPENDIX E**

**Covid-19 Exposure – Cleaning and Disinfecting Procedures**

This guidance provides procedures and requirements for the cleaning and disinfecting of rooms or areas occupied by those with suspected or confirmed cases of COVID-19. The objective is to limit the survival of COVID-19 in key environments. These recommendations will be updated as additional information becomes available from Center for Disease Control, County Health Department and other federal and state agencies.

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| Properly isolate employee and/or visitor who report to work and display Covid-19 symptoms. | • Supervisor must immediately provide the ill person with a mask, evaluate the severity of the illness and notify Human Resources (HR) immediately at (248) 656-4708, or if after hours use the Emergency Contact Card for an HR Representative phone number.  
• HR will need the name and phone number of the ill person.  
• Supervisor is to ask the ill person to list the locations/equipment they visited or used within the last 3 days.  
• Ill person who is well enough to drive must leave the building immediately.  
• Ill person who needs assistance must be directed to the buildings designated isolation area. Depending on the severity of the symptoms. The ill person is to call someone for a ride, or if severe enough, call 911.  
• If the ill person is too ill to move to the designated isolation area, Supervisor is to clear the area immediately, call 911 and have another person notify HR. |
| Designated Isolation Area(s):  
(Following locations to be determined):  
City Hall -  
DPS Garage -  
Cemetery -  
Museum -  
Spencer -  
Bordon -  
Bloomer -  
Fire Station 1 -  
Fire Station 2 -  
Fire Station 3 -  
Fire Station 4 -  
Fire Station 5 - | Isolation area should:  
• Be separated from common areas and private;  
• Only be occupied by the ill person and a supervisor, pending EMS arrival;  
• Have a barrier (plastic wall Sheet 6 ft. apart) between the ill person and supervisor;  
• Contain a First Aid Kit;  
• Have a chair for the ill person to sit on or a disposable plastic matt to lie down. |
| Contaminated Areas:  
Areas used by the ill person within the last 3 days. | • Supervisor is to contact Facilities immediately and inform them of the areas/surfaces the ill person came in contact with. The focus should be frequently used areas and touched surfaces.  
• Contaminated areas/surfaces can include bathrooms, common areas, and shared electronic equipment like tablets, touch screens, keyboards, remote controls, used by the ill person.  
• Facilities is to restrict access to the contaminated areas and post signage, only permitting access by essential personnel for up to 24 hours if possible. Allowing contamination to remain on non-porous surfaces during this time may permit potentially infectious viral particles to become non-infectious.  
• If possible open outside doors and windows to increase air circulation in the exposed area.  
• If possible facilities is to increase ventilation in the area. Facilities will need to consider factors such as the size of the room and the ventilation system design (including orate [air changes per hour] and location of supply and exhaust vents) when deciding how long to close rooms or areas used by ill persons before beginning disinfecting.  
• Facilities is to refer to their cleaning and disinfecting procedures and ensure that the contaminated area(s) is/are thoroughly cleaned and disinfected prior to re-opening up the area for normal usage. |
| Personal Protective Equipment (PPE) | • PPE must be worn when cleaning contaminated area. e.g. glove, mask and gowns  
• PPE should be compatible with the disinfectant products being used.  
• Additional PPE such as face shield might be required based on the cleaning/disinfectant products being used and whether there is a risk of splash.  
• PPE should be removed and disposed carefully to avoid contamination of the wearer. |
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| Human Resources | Human Resources is to:  
• Phone the ill employee or have Risk Management call the visitor immediately to discuss the incident;  
• Have the Ill person Complete Covid-19 Illness at Work Exposure Questionnaire;  
• Provide necessary documentation to the employee to file insurance claim and/or PSL claim as appropriate;  
• Contact employee(s) who may have been exposed to Covid-19 and follow leave/return procedures;  
• Report incident to County Health Department. |
APPENDIX F

SIGNS FOR BUILDINGS

1. **Symptoms**

2. **Face Mask**
Symptoms of Coronavirus (COVID-19)

Know the symptoms of COVID-19, which can include the following:

- Cough
- Fever
- Chills
- Muscle pain
- Shortness of breath or difficulty breathing*
- Sore throat
- New loss of taste or smell

Symptoms can range from mild to severe, and appear 2 - 14 days after you are exposed to the virus that causes COVID-19.

STOP

ONLY ENTER THIS BUILDING IF YOU:

- Are a healthy visitor
- Are a city employee

All others:

If you have COVID-19 symptoms, please contact a health care provider.
If you have severe or life-threatening symptoms, please call 911 and proceed to the nearest emergency department.
FOR THE SAFETY OF ALL, VISITORS ARE REQUIRED TO WEAR FACE MASKS

#RHWeGotThis
APPENDIX G

OTHER

RESOURCES:

Governor Whitmer’s Executive Order 2020-110:

FAQs from Governor Whitmer on Executive Order 2020-42:
https://www.michigan.gov/coronavirus/0,9753,7-406-98178_98455-525278--,00.html

Helpful CDC Guidance:

CDC Handwashing Fact Sheet:

CDC Fact Sheet and Poster on Preventing the Spread of Germs:

CDC Fact Sheet on What to Do if You Are Sick:

CDC Poster for Entrance Reminding Employees Not to Enter When Sick:
APPENDIX H

CITY OF ROCHESTER HILLS
COVID-19 PREPAREDNESS AND RESPONSE PLAN

Certification by Responsible Public Official

This is to certify that I have reviewed the City of Rochester Hills COVID-19 Preparedness and Response Plan attached hereto and to the best of my knowledge and belief:


2.) The plan is consistent with the guidance from U. S. Department of Labor, Occupational Health and Safety Administration publication OSHA 3990-03-2020, Guidance on Preparing Workplaces for COVID-19.

3.) The plan is available on the City of Rochester Hills website http://www.rochesterhills.org and at each City of Rochester Hills facility where in-person operations take place during the COVID-19 emergency.

I declare that the foregoing is true and correct.

For the City of Rochester Hills:

Signature: [Signature]
Title: Mayor
Date: 6-3-2020