



**HUMAN RESOURCES GUIDE  
FOR COVID-19 LEAVE**

\*\*\*SUBJECT TO CHANGE

**LEAVE REQUEST GUIDE & FREQUENTLY ASKED QUESTIONS**

**MINIMUM STANDARD HEALTH PROTOCOLS PER THE OPEN TEXAS REPORT**

**SCENARIO**

**ACTION**

EMPLOYEE OR CONTRACTOR REPORTS FOR WORK AND REPORTS TO HAVE OR DISPLAYS NEW OR WORSENING SIGNS OR SYMPTOMS OF POSSIBLE COVID-19 AS SEEN BELOW:

COUGH, SHORTNESS OF BREATH OR DIFFICULTY BREATHING, CHILLS, REPEATED SHAKING WITH CHILLS, MUSCLE PAIN, HEADACHE, SORE THROAT, LOSS OF TASTE OR SMELL, DIARRHEA, OR FEELING FEVERISH OR MEASURED TEMPERATURE OF 100.0 OR MORE  
*(AFTER SECOND TEMPERATURE CHECK WITHIN 15 MINUTES)*

SEND EMPLOYEE HOME RIGHT AWAY

AN EMPLOYEE OR CONTRACTOR THAT HAS TESTED POSITIVE FOR COVID-19 MAY NOT RETURN TO WORK UNTIL ALL THREE OF THE CRITERIA HAVE BEEN MET:

1) 72 HOURS HAVE PASSED WITHOUT FEVER (WITHOUT USING FEVER REDUCING MEDICATION) 2) INDIVIDUAL HAS IMPROVEMENT IN RESPIRATORY SYMPTOMS AND 3) AT LEAST SEVEN DAYS HAVE PASSED SINCE SYMPTOMS FIRST APPEARED 4) **CLEARED BY THE CAMERON COUNTY PUBLIC HEALTH DEPARTMENT**

AN EMPLOYEE OR CONTRACTOR THAT HAS HAD SYMPTOMS OF COVID-19 AND DID NOT GET EVALUATED BY A MEDICAL PROFESSIONAL OR TESTED FOR COVID-19 IS ASSUMED TO HAVE COVID-19 AND MAY NOT RETURN TO WORK UNTIL ALL THREE OF THE CRITERIA HAVE BEEN MET:

1) 72 HOURS HAVE PASSED WITHOUT FEVER (WITHOUT USING FEVER REDUCING MEDICATION) 2) INDIVIDUAL HAS IMPROVEMENT IN RESPIRATORY SYMPTOMS AND 3) AT LEAST SEVEN DAYS HAVE PASSED SINCE SYMPTOMS FIRST APPEARED 4) **CLEARED BY THE CAMERON COUNTY PUBLIC HEALTH DEPARTMENT**

IF THE EMPLOYEE OR CONTRACTOR HAS SYMPTOMS THAT COULD BE COVID-19 AND WANTS TO RETURN TO WORK BEFORE COMPLETING THE SELF ISOLATION PERIOD AS SEEN ABOVE, THE INDIVIDUAL MUST:	OBTAIN A MEDICAL PROFESSIONAL'S NOTE CLEARING THE INDIVIDUAL TO RETURN TO BASED ON AN ALTERNATIVE DIAGNOSIS
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AN EMPLOYEE OR CONTRACTOR THAT HAS HAD KNOWN <b>CLOSE CONTACT</b> WITH A PERSON WHO IS <b>LAB CONFIRMED</b> TO HAVE COVID-19 MAY NOT REPORT TO WORK UNTIL:	A 14 DAY PERIOD OF SELF QUARANTINE FROM THE LAST DATE OF EXPOSURE IS EXHAUSTED.
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**QUALIFYING REASONS FOR LEAVE UNDER THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT EXPIRED**

<u>SCENARIO</u>	<u>LEAVE</u>	<u>RATE OF PAY</u>	<u># HOURS</u>
EMPLOYEE IS SUBJECT TO FEDERAL, STATE, LOCAL QUARANTINE OR ISOLATION ORDER RELATED TO COVID-19	EMPLOYEE <u>MAY</u> REQUEST PAID SICK LEAVE ALLOWED BY FFCRA	100%	80 MAX
EMPLOYEE HAS BEEN ADVISED BY A HEALTH CARE PROVIDER TO SELF-QUARANTINE RELATED TO COVID-19	EMPLOYEE <u>MAY</u> REQUEST PAID SICK LEAVE ALLOWED BY FFCRA	100%	80 MAX
EMPLOYEE IS EXPERIENCING COVID-19 SYMPTOMS AND IS SEEKING COVID-19 TESTING	EMPLOYEE <u>MAY</u> REQUEST PAID SICK LEAVE ALLOWED BY FFCRA	100%	80 MAX
EMPLOYEE IS EXPERIENCING COVID-19 SYMPTOMS AND IS NOT SEEKING COVID-19 TESTING	EMPLOYEE <u>MAY</u> <b>NOT</b> REQUEST PAID SICK LEAVE ALLOWED BY FFCRA	N/A	N/A
EMPLOYEE IS EXPERIENCING COVID-19 SYMPTOMS AND IS TELEWORKING AND PERFORMING DUTIES FOR THE DEPARTMENT	EMPLOYEE <u>MAY</u> <b>NOT</b> REQUEST PAID SICK LEAVE ALLOWED BY FFCRA	N/A	N/A
EMPLOYEE IS CARING FOR AN INDIVIDUAL SUBJECT TO AN ORDER DESCRIBED IN #1 OR SUBJECT TO QUARANTINE AS DESCRIBED IN #2	EMPLOYEE <u>MAY</u> REQUEST PAID SICK LEAVE ALLOWED BY FFCRA	2/3	80 MAX
EMPLOYEE IS CARING FOR HIS OR HER CHILD WHO'S SCHOOL OR PLACE OF CARE IS CLOSED (OR CHILD CARE PROVIDER IS UNAVAILABLE) DUE TO COVID-19 RELATED REASONS	EMPLOYEE <u>MAY</u> REQUEST PAID SICK LEAVE ALLOWED BY FFCRA	2/3	10 WEEKS
<i>AN EMPLOYEE MAY REQUEST EMERGENCY PAID SICK LEAVE FOR THE FIRST 80 HOURS.</i>			

EXPIRED

EMPLOYEE IS EXPERIENCING ANY OTHER SUBSTANTIALLY SIMILAR CONDITION SPECIFIED BY THE U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES	EMPLOYEE <u>MAY</u> REQUEST PAID SICK LEAVE ALLOWED BY FFCRA	2/3	80 MAX
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## ADDITIONAL SCENARIOS AND ACTIONS

### SCENARIO

### ACTION

EMPLOYEE IS SICK AND SEEKS COVID-19 TESTING, BUT TESTS POSITIVE FOR A DIFFERENT ILLNESS	UNDER FFCRA, EMPLOYEE MAY REQUEST PAID SICK LEAVE FOR TIME OUT WHILE SEEKING DIAGNOSIS, AND SHALL TAKE COUNTY ACCRUED LEAVE FOR TIME OUT AFTER CONFIRMING DIFFERENT ILLNESS
EMPLOYEE IS OUT SICK WITH COVID-19 FOR LONGER THAN 80 HOURS	UNDER FFCRA, EMPLOYEE MAY REQUEST PAID SICK LEAVE FOR FIRST 80 HOURS AND USE COUNTY ACCRUED LEAVE FOR TIME OUT BEYOND 80 HOURS
QUARANTINE IS ORDERED BY PHYSICIAN/FEDERAL/STATE/LOCAL FOR PERIOD LONGER THAN 80 HOURS	EMPLOYEE MAY REQUEST PAID SICK LEAVE FOR FIRST 80 HOURS AND USE COUNTY ACCRUED LEAVE FOR TIME OUT BEYOND 80 HOURS
EMPLOYEE WITH SYMPTOMS OF COVID-19 IS REQUESTING PAID LEAVE TO SEEK DIAGNOSIS, WHAT DOCUMENTATION CAN I REQUEST	UNDER FFCRA, YOU MAY ONLY REQUIRE EMPLOYEE TO IDENTIFY THE SYMPTOMS THEY HAVE AND A DATE FOR TEST OR DOCTOR'S APPOINTMENT
EMPLOYEE SICK WITH NON-COVID-19 SYMPTOMS	EMPLOYEE MAY REQUEST AND TAKE COUNTY ACCRUED SICK LEAVE
ALL OTHER ISSUES NOT DESCRIBED HERE WITHIN	CONTACT THE DEPARTMENT OF HUMAN RESOURCES FOR GUIDANCE

**EXPIRED**