



TRI-COM BOARD OF DIRECTORS SPECIAL MEETING
Special Meeting Agenda
Thursday, April 16, 2020

Location: Virtual Meeting via Zoom

Time: 8:00 AM

Call Meeting to Order: Roll Call

Old Business: None

New Business: 1) Resolution Authorizing the Provision of Emergency Sick Leave Benefits Due to the Coronavirus Pandemic.

Public Comment:

Adjournment:

Next Regular Meeting: Wednesday, May 13, 2020 at 8:00 A.M.

To access the meeting via the internet:

Join Zoom Meeting

<https://us02web.zoom.us/j/89933908987?pwd=VGg4RTl6Yk5MMmE0ZTQ4N29aalhWdz09>

Meeting ID: 899 3390 8987

Password: 021044

One tap mobile

+13126266799,,89933908987#,,#021044# US

To access this meeting by phone:

Dial by your location

+1 312 626 6799 US

Meeting ID: 899 3390 8987

Password: 021044

Find your local number: <https://us02web.zoom.us/j/kuCGqvTFV>

RESOLUTION NO. 2020-002

**RESOLUTION AUTHORIZING THE PROVISION
OF EMERGENCY SICK LEAVE BENEFITS
DUE TO CORONAVIRUS PANDEMIC**

BE IT RESOLVED BY THE BOARD OF DIRECTORS OF TRI-COM CENTRAL DISPATCH, AN INTERGOVERNMENTAL COOPERATION AGENCY OF THE CITIES OF ST. CHARLES, BATAVIA AND GENEVA, ILLINOIS, as follows:

SECTION 1: The Board of Directors is exercising its authority to define all personnel of Tri-Com Central Dispatch as “Emergency Responders” for all purposes under the Families First Coronavirus Response Act, United States Public Law 116-127 (“FFCRA”). The designation of personnel as “Emergency Responders” shall be effective immediately upon passage of this resolution.

SECTION 2: Notwithstanding the designation of personnel as Emergency Responders, as a matter of discretionary policy, Tri-Com authorizes any personnel who were approved for FFCRA benefits prior to April 13, 2020, to receive benefits equivalent to those provided under the FFCRA through and including April 30, 2020. These benefits shall count towards the benefits provided under Section 3 below so that no employee receives a double benefit. For example, an employee who used 50 hours of FFCRA benefits before April 30 shall have 30 hours of EPSL time under available under Tri-Com’s policy. The benefits provided in this Section 2 shall expire at midnight on April 30, 2020.

SECTION 3: In lieu of benefits under the FFCRA, Tri-Com will provide all employees with 80 hours of Emergency Paid Sick Leave (EPSL) as a matter of Tri-Com policy. EPSL benefits are available to be used if an employee: 1) is ordered by a government agency to quarantine or isolate; 2) is recommended by his or her physician to quarantine or isolate; or 3) if the employee has symptoms that are consistent with COVID-19 and the employee is seeking a diagnosis. For the purpose of the policy, a quarantine or isolation order does not include a broad “stay at home” order, such as but not limited to State of Illinois Executive Order No. 5, but instead means an order directed specifically to the employee. Employees who accept EPSL benefit time must not work any form of secondary employment or self-employment during the time they are receiving EPSL.

SECTION 5: EPSL benefits shall be paid at the employee’s regular rate of pay, capped at a maximum of \$511 per workday. If an employee wishes to supplement this benefit to receive a normal day’s wages, the employee may use his or her accrued benefit time.

SECTION 4: To receive EPSL benefits, employees must submit an application form prepared by the Director of Tri-Com, including any supporting materials requested by the Director. The requirement to fill out an application shall be waived for any employee who already applied for FFCRA benefits prior to April 13, 2020. The Director

shall have sole discretion to decide whether an employee qualifies for benefits under this policy.

SECTION 5: The benefits provided under this resolution shall expire at midnight on December 31, 2020. There shall be no payment for unused EPSL benefit time.

PASSED by the Board of Directors of Tri-Com Central Dispatch, this 13th day of April 2020, pending approval by the Tri-Com attorney.

AYES: __ NAYS: __ ABSENT: __ ABSTAINING: __ HOLDING OFFICE: 11

Chief James Keegan
Chairman, Board of Directors

Attest:

Chief Michael K. Antenore
Vice Chairman, Board of Directors

Request for Emergency Paid Sick Leave Act (EPSL) Pursuant to Tri-Com Policy

Employee Name	Dates of Leave Requested	Date of Application
I request paid EPSL for the following COVID-19 related reason:		
<input type="checkbox"/> Federal, State, or Local Quarantine or Isolation Order (EPSL Reason 1)	Name of government entity that issued the quarantine or isolation order related to COVID-19 to which you are subject: _____ . You must provide a copy of the quarantine order.	
<input type="checkbox"/> Health Care Provider's Advice to Self-Quarantine (EPSL Reason 2)	Name of health care provider who advised you to self-quarantine. _____ . You must provide a copy of the doctor's recommendation. Under special circumstances, this requirement may be waived by the Director of Tri-Com in his discretion.	
<input type="checkbox"/> Leave While Seeking Medical Diagnosis Due to Symptoms of COVID-19 (EPSL Reason 3)	Symptoms: <input type="checkbox"/> Fever of 100.4 degrees or more <input type="checkbox"/> Cough <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Unless excused by the Director, employee must provide a doctor's note or similar documentation to confirm that employee sought a medical diagnosis. If the employee has a confirmed case, City may require employee to submit FMLA forms.	
Supplemental pay. If my daily rate of pay is greater than \$511 per day, I elect:		
<input type="checkbox"/> I want to supplement my pay with accrued benefit time in the following order: _____		
<input type="checkbox"/> I do not want to supplement my EPSL benefits.		
Verification: By signing below, I certify that the information above is correct and accurate, and that I am unable to work or telework as a result of the qualifying reason for leave.		
Employee Signature: _____		Date: _____

To Be Filled Out By The Employer:

Decision to Grant or Deny Benefits:	
<input type="checkbox"/> Request is Granted	<input type="checkbox"/> Request is Denied
If Request is Denied, the Reason for the Denial is:	
<input type="checkbox"/> Incomplete certification. Missing _____ <input type="checkbox"/> Employee has been offered telework or an alternate work schedule <input type="checkbox"/> Employee has already used all available benefits <input type="checkbox"/> Other (provide explanation): _____ _____	
Signature:	
By: _____	Date: _____