



Board of County  
Commissioners  
Gary L. Byers  
*President*  
Tina Skeldon Wozniak  
Pete Gerken

Dear Valued Employee:

As you know, the country is currently experiencing a surge in COVID-19 positivity rates, in part, due to the fast-spreading and highly contagious Omicron variant. Community spread in Lucas County is high, with more than 1,000 cases per 100,000 residents reported.

The Lucas County Commissioners take the health of employees very seriously and have taken steps to ensure your safety in the workplace.

The Commissioners extended the temporary [COVID-19 Emergency Paid Sick Leave Policy](#) through the end of 2022 to all full and part-time employees. Under the policy, an employee can receive up to 80 hours of paid leave during 2022, in addition to one's accrued leave, if the employee is:

- subject to a quarantine order related to COVID-19.
- advised by a health care provider to self-quarantine due to concerns related to COVID-19 because of a coronavirus diagnosis.
- experiencing symptoms of COVID-19 and is seeking a medical diagnosis, including a COVID-19 test.
  - Acceptable proof of a COVID-19 diagnosis includes a copy of your positive PCR test result or a photo of a rapid at-home test result.
- caring for a spouse, their child, or their parent who is subject to a quarantine order.
- using the emergency sick leave for the specific purpose of obtaining their COVID vaccination or booster.

The Commissioners also will extend the temporary [COVID-19 Parental Leave Policy](#) through the end of 2022 for all employees. Under the policy, an employee can use up to 12 weeks of parental leave due to the closure of a child's school or childcare provider, or a school requirement for remote learning, when the situation is caused by COVID-19 and the employee is unable to work as a result.

- An employee using this leave will receive two-thirds of their regular pay and may choose to supplement the remaining one-third by using their own accrued leave.

To minimize the spread of COVID-19 at the office, a **remote working option** will be available for employees who have the capability to do so. Each department's director will identify which positions are feasible for remote work and communicate the telework option to impacted employees.

Additionally, all County **travel is suspended** until further notice, and every effort should be made to **conduct internal and external meetings virtually**.



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**Mask up.** Please remember our policy requiring masks be worn in public areas of all buildings owned and operated by the County Commissioners will remain in effect until further notice. The county will continue to provide masks for each department's use.

We need your help to keep everyone healthy.

- Wear your mask
- Social distance
- Wash your hands
- Stay home if you are sick
- Take a COVID-19 test if you are exposed to someone with the virus
- Get your vaccine and booster shots

The Toledo-Lucas County Health Department has issued new COVID-19 quarantine and isolation guidance, in light of the Centers for Disease Control and Prevention's updated guidelines. Please refer to the attachment to determine if you need to isolate or quarantine because of a coronavirus exposure or diagnosis.

**COVID-19 vaccination and booster opportunities:**

- The Toledo-Lucas County Health Department is providing vaccine and booster shots at the Health Department, 635 Erie St., from 9 a.m. to 6:30 p.m. on Mondays and 9 a.m. to 3:30 p.m. Tuesday through Friday.
- Shots also are being administered at the Lucas County Recreation Center at 2901 Key St. in Maumee from noon to 6 p.m. on Wednesdays and from 9 a.m. to 1 p.m. on Saturdays.
- More information is available [HERE](#).
- We also plan to bring vaccine clinics to your department. More information, including a schedule, will be provided in the near future.

**COVID-19 testing:**

- The Lucas County Recreation Center will conduct COVID-19 testing from 7 a.m. to 3 p.m. Sunday through Friday for the month of January.
- Information on other testing sites is available [HERE](#).

We will continue to monitor COVID-19 cases in the community and will keep you informed of any changes to these policies. Thank you for your cooperation in this important effort.

Sincerely,

Megan Vahey Casiere  
Lucas County Administrator

COVID-19 Update:

# QUARANTINE & ISOLATION

If you test **POSITIVE** for COVID-19:

**Everyone, regardless of vaccination status, should:**

- Isolate and stay home for 5 days from onset of symptoms or from test date, if no symptoms.
- If you have no symptoms or your symptoms are largely improved you can leave your home after 5 days.
- Continue to wear a mask around others for 5 additional days.



***If you have a fever or other severe respiratory symptoms, continue to isolate and stay home***

# QUARANTINE & ISOLATION

## Exposed to someone with COVID-19?

### If you:

- Are unvaccinated
- Completed the primary series of Pfizer or Moderna vaccine over 6 months ago and are not boosted -OR-
- Received one dose of J&J over 2 months ago and are not boosted -OR-

### If you:

- Are boosted -OR-
- Completed the primary series of Pfizer or Moderna vaccine within the last 6 months -OR-
- Received one dose of J&J vaccine within the last 2 months

### Then you:

- Quarantine and stay home for 5 days. Continue to wear a mask around others for 5 additional days.
- If you can't quarantine, you must wear a mask for 10 days.
- Test on day 5, if possible.

***If you develop symptoms, get a test, isolate and stay home***

### Then you:

- Do not need to quarantine & may continue normal activities.
- Wear a mask around others for 10 days.
- Test on day 5, if possible.

***If you develop symptoms, get a test, isolate and stay home***



COVID-19 Update:

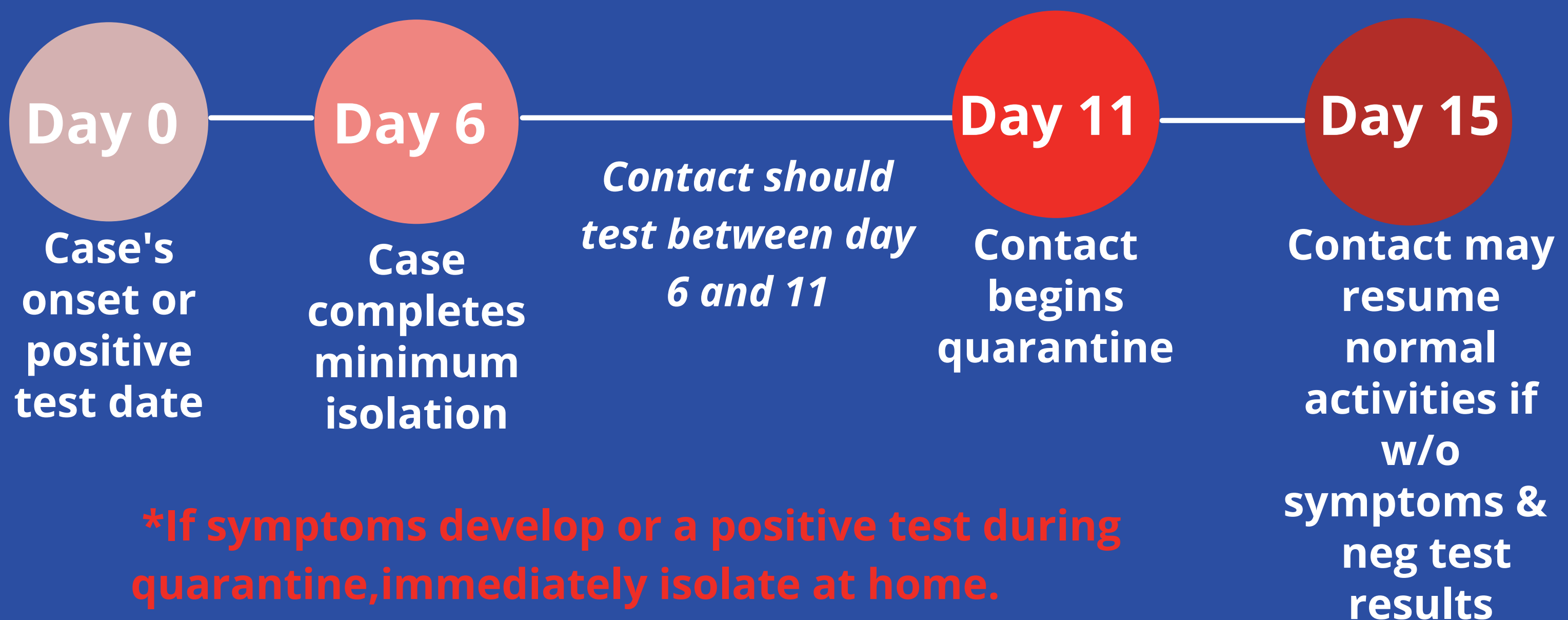
# QUARANTINE & ISOLATION

## Exposed to someone in your household?

- Anyone who is **NOT** up-to-date with their COVID vaccines must immediately quarantine at home due to ongoing exposure to positive case. Anyone who's fully vaccinated should symptom monitor for 10 days from last exposure. The quarantine for people living with a positive case begins **after** a full 10 day isolation period, even if the positive individual leaves isolation on day 6 due to no symptoms or their symptoms have resolved.

### For Example:

If person A tests positive on 1/1 (day zero), they could leave isolation on 1/7 if they meet the symptom criteria. Anyone living in their household would start their quarantine on 1/12 (day 11 after the positive test). Their last day of quarantine would be 1/16 if they do not develop symptoms or test positive.



# Employees are still required to wear a mask in all common spaces

- Continue to practice social distancing
- Wash your hands
- Stay home if you are sick
- If exposed to COVID-19, get tested
- Get your vaccine or booster shot



# COVID-19 EMERGENCY PAID SICK LEAVE EXTENDED

**An employee can receive up to 80  
hours of paid leave if they are:**

.....



- 1** subject to a quarantine order related to COVID-19
- 2** advised by a health care provider to self-quarantine because of a COVID-19 diagnosis
- 3** experiencing COVID-19 symptoms and awaiting a test result
- 4** caring for their spouse, child, or parent who is under quarantine
- 5** using the leave to get a COVID-19 vaccine or booster



View the full policy online at  
[co.lucas.oh.us/77/Policies-and-Procedures](https://co.lucas.oh.us/77/Policies-and-Procedures)

# COVID-19 emergency parental leave extended

- An employee can use up to 12 weeks of parental leave due to the closure of a child's school or childcare provider — or a school requirement for remote learning — when the situation is caused by COVID-19 and the employee is unable to work either in-person or remotely as a result.
- An employee using this leave will receive two-thirds of their regular pay and may choose to supplement the remaining one-third by using their own accrued leave.
- An employee may request to take intermittent leave or reduced work schedule leave under this policy.

View the full policy online at  
[co.lucas.oh.us/77/Policies-and-Procedures](https://co.lucas.oh.us/77/Policies-and-Procedures)







**2022**

## Employee Request for COVID Emergency Paid Sick Leave or COVID Parental Leave

(Refer to the "Temporary 2022 Emergency COVID Paid Sick Leave Policy"  
or the COVID-related portion of the "Parental Leave" policy)

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Agency/Department

I have a qualifying reason for COVID Emergency Paid Sick Leave or COVID-Related Parental Leave as Identified below, and this reason prevents me from being able to work (including preventing me from working from home/remotely, if applicable).

☐ I am requesting **full leave** for the following dates: \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_, 2022

☐ I am requesting **intermittent leave** for the dates/days of the week and/or hours listed below:

Date/Day of Week \_\_\_\_\_ From \_\_\_\_\_ AM/PM To \_\_\_\_\_ AM/PM

Date/Day of Week \_\_\_\_\_ From \_\_\_\_\_ AM/PM To \_\_\_\_\_ AM/PM

Date/Day of Week \_\_\_\_\_ From \_\_\_\_\_ AM/PM To \_\_\_\_\_ AM/PM

Date/Day of Week \_\_\_\_\_ From \_\_\_\_\_ AM/PM To \_\_\_\_\_ AM/PM

Date/Day of Week \_\_\_\_\_ From \_\_\_\_\_ AM/PM To \_\_\_\_\_ AM/PM

The qualifying reason for my request for leave is as follows (please **circle** the appropriate number):

1. I am personally subject to a **federal, state or local COVID quarantine or isolation order. If available, please attach a copy of, or other documentation supporting, your quarantine or isolation order.**
2. I have been **advised by a health care professional** to quarantine or isolate due to COVID.

Name of health care professional \_\_\_\_\_

***Please attach a copy of the certification or other documentation from this health care professional advising you to self-quarantine due to COVID.***

*Continued on back...*

3. I am experiencing symptoms of COVID and am in the process of getting a medical diagnosis (including a COVID test).

Name of health care professional \_\_\_\_\_

*If available, please attach documentation showing that you have been tested or are awaiting results.*

4. I have a legitimate need to care for **my spouse, my child or my parent** who has been ordered, or advised by a health care professional, **to quarantine or isolate** as a result of COVID, **OR** my child's school or child care provider is closed as a result of COVID and I must remain home as a result of that closure.

Name of this individual \_\_\_\_\_

Relationship to you \_\_\_\_\_

*If available, please attach a copy of the COVID quarantine or isolation order or medical advice to quarantine for this individual; for COVID Parental Leave, a notice of school or child care closure that is due to COVID must be provided.*

I understand that for **Reason # 4 only**, I will only receive 2/3 of my regular pay during an approved leave for COVID-qualifying reasons. I further understand that I can supplement the remaining 1/3 of my regular pay by using accrued leave.

☐ I do not wish to use any of my accrued leave to supplement the 2/3 pay.

☐ I do wish to use my accrued leave to supplement the 2/3 pay, as follows:

<input type="checkbox"/> Sick Leave	<input type="checkbox"/> Vacation
<input type="checkbox"/> Personal Time	<input type="checkbox"/> Comp Time

I hereby certify that all of the information I have provided for this leave request is complete & accurate.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Reviewed & Approved by Dept Mgmt or HR:  
After approval, make sure copy of form is  
provided to dept. payroll

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date