

POLICY TITLE:	FAMILIES FIRST CORONAVIRUS RESPONSE ACT (FFCRA) POLICY			POLICY NUMBER	HR-COVID-19
				VERSION NUMBER	1
REFERENCES:	U.S. Department of Labor's Wage and Hour Division			EFFECTIVE DATE	04/01/2020
				EXPIRATION DATE	12/31/2020
SCOPE:	All Northwest Real Estate Capital Corp., Its Subsidiaries, Officers & Employees hereinafter referred to as the "Company"				
Review	04/01/2020				
Revised					

PURPOSE: Beginning April 1, 2020, Northwest Real Estate Capital Corp. ("the Company") is implementing a paid leave program consistent with the FFCRA as set forth below.

POLICY:

Effective April 1, 2020, the Families First Coronavirus Response Act ("FFCRA") provides for paid sick leave and expanded family and medical leave for specified reasons related to COVID-19.

A Department of Labor poster describing the FFCRA benefits is attached as Exhibit A and can be found at: https://www.dol.gov/sites/dolgov/files/WH/POSTERS/FFCRA_Poster_WH1422_Non-Federal.pdf

ELIGIBILITY REQUIREMENTS FOR EMERGENCY PAID SICK LEAVE:

I. EMERGENCY PAID SICK LEAVE

You may be eligible for up to two (2) weeks of Emergency Paid Sick Leave if you are unable to work (or telework) for certain reasons related to COVID-19. To be eligible for the leave you must be a current employee who is unable to work (or telework) due to a need for leave because of one of the following reasons:

1. You are subject to a Federal, State, or local quarantine or isolation order related to COVID-19.
2. You have been told to self-quarantine by a health care provider due to concerns related to COVID-19.
3. You are experiencing symptoms of COVID-19 and are seeking a medical diagnosis.

4. You are caring for an individual subject to an order described in (1) or self-quarantine as described in (2).
5. You are caring for a son or daughter whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19.
6. You are experiencing any other substantially similar condition specified by the Secretary of Health and Human Services.

Duration of Emergency Paid Sick Leave:

Up to eighty (80) hours for full-time employees. For all other employees, up to the number of hours equal to the average numbers of hours worked in a two week period.

Rate of Pay During Emergency Paid Sick Leave:

Emergency Paid Sick Leave will be paid at an employee's regular rate of pay (or minimum wage, whichever is greater) for leave taken for reasons 1 – 3 above.

Employees taking leave for reasons 4 – 6 above are paid at two-thirds (2/3) 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.

PROCEDURE TO REQUEST EMERGENCY PAID SICK LEAVE:

If you need to request Emergency Paid Sick Leave, you must complete the Request For Emergency Paid Sick Leave Or Request For Expanded FMLA Leave form, attached as Exhibit B, and returned to Human Resources at HR@NWRECC.org with as much notice as is practicable.

Government regulations require that you provide documentation in support of the reason for the leave. For reason 5 above, documentation must include a notice of closure or unavailability from your child's school, place of care, or child care provider, including a notice that may have been posted on a government, school, or day care website, published in a newspaper, or emailed to you from an employee or official of the school, place of care, or child care provider.

Additional clarification or documentation may be required by Company before a determination can be made to approve a leave request.

ELIGIBILITY REQUIREMENTS FOR EXPANDED FAMILY & MEDICAL LEAVE (“EXPANDED FMLA LEAVE”):

II. EXPANDED FMLA LEAVE

You may be eligible for up to 12 weeks of Expanded FMLA Leave if you are unable to work (or telework) because you need to care for a son or daughter whose school is closed (or child care provider is unavailable) because a Federal, State, or local authority has declared a public health emergency related to COVID-19.

To be eligible for Expanded FMLA leave:

1. You must have been employed with the Company for at least thirty (30) days.
2. You must be unable to work (or telework) because you need to care for a son or daughter whose school is closed (or child care provider is unavailable) because a Federal, State, or local authority has declared a public health emergency related to COVID-19.

Duration of Expanded FMLA Leave:

You may be eligible for up to 12 weeks of leave. If you have already taken any FMLA leave during our designated period, you may not have all 12 weeks available to use for Expanded FMLA Leave.

Rate Of Pay During Expanded FMLA Leave:

The first two weeks (10 business days) of Expanded FMLA leave is not paid. You may substitute any Paid Time Off (PTO) that you have available for use, including the new Emergency Paid Sick Leave explained above. The remaining ten weeks (50 business days) of Expanded FMLA leave is paid at two-thirds (2/3) of your regular rate of pay not to exceed \$200 per day.

Employee Benefits During Expanded FMLA Leave:

While an employee is on Expanded FMLA leave, the Company will continue the employee's health benefits at the same level and under the same conditions as if the employee had continued to work. While on paid Expanded FMLA leave, the Company will continue to make payroll deductions to collect the employee's share of the premium. During any unpaid portions of Expanded FMLA leave, the employee must continue to make this payment according to Company instructions. Failure of the employee to pay his/her share of health insurance premiums may result in a loss of coverage.

Paid Time Off (PTO) will not accrue during this Expanded FMLA Leave period.

Intermittent Expanded FMLA Leave:

The FFCRA does not require employers to grant Expanded FMLA on an intermittent basis (as opposed to leave for a continuous period of time). Under extraordinary circumstances, the Company will consider requests for intermittent leave to the extent consistent with business needs.

PROCEDURE TO REQUEST EXPANDED FMLA LEAVE:

If you need to request Emergency Paid Sick Leave, you must complete the Request For Emergency Paid Sick Leave Or Request For Expanded FMLA Leave form, attached as Exhibit B, and returned to Human Resources at HR@NWRECC.org with as much notice as is practicable.

Government regulations require that you provide documentation in support of the reason for the leave. Documentation must include a notice of closure or unavailability from your child's school, place of care, or child care provider, including a notice that may have been posted on a government, school, or day care website, published in a newspaper, or emailed to you from an employee or official of the school, place of care, or child care provider.

Additional clarification or documentation may be required by Company before a determination can be made to approve a leave request.

The Company reserves the right to amend this policy as appropriate, including but not limited to amendments as new laws or regulations are implemented. Please direct any questions and/or requests for leave to Human Resources (HR@NWRECC.org).

This policy will expire on December 31, 2020.

Exhibit A

EMPLOYEE RIGHTS

PAID SICK LEAVE AND EXPANDED FAMILY AND MEDICAL LEAVE UNDER THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT

The **Families First Coronavirus Response Act (FFCRA or Act)** requires certain employers to provide their employees with paid sick leave and expanded family and medical leave for specified reasons related to COVID-19. These provisions will apply from April 1, 2020 through December 31, 2020.

► PAID LEAVE ENTITLEMENTS

Generally, employers covered under the Act must provide employees:

Up to two weeks (80 hours, or a part-time employee's two-week equivalent) of paid sick leave based on the higher of their regular rate of pay, or the applicable state or Federal minimum wage, paid at:

- 100% for qualifying reasons #1-3 below, up to \$511 daily and \$5,110 total;
- $\frac{2}{3}$ for qualifying reasons #4 and 6 below, up to \$200 daily and \$2,000 total; and
- Up to 12 weeks of paid sick leave and expanded family and medical leave paid at $\frac{2}{3}$ for qualifying reason #5 below for up to \$200 daily and \$12,000 total.

A part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

► ELIGIBLE EMPLOYEES

In general, employees of private sector employers with fewer than 500 employees, and certain public sector employers, are eligible for up to two weeks of fully or partially paid sick leave for COVID-19 related reasons (see below). *Employees who have been employed for at least 30 days prior to their leave request may be eligible for up to an additional 10 weeks of partially paid expanded family and medical leave for reason #5 below.*

► QUALIFYING REASONS FOR LEAVE RELATED TO COVID-19

An employee is entitled to take leave related to COVID-19 if the employee is unable to work, including unable to **telework**, because the employee:

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|---|---|
| <ol style="list-style-type: none">1. is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;2. has been advised by a health care provider to self-quarantine related to COVID-19;3. is experiencing COVID-19 symptoms and is seeking a medical diagnosis;4. is caring for an individual subject to an order described in (1) or self-quarantine as described in (2); | <ol style="list-style-type: none">5. is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons; or6. is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services. |
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► ENFORCEMENT

The U.S. Department of Labor's Wage and Hour Division (WHD) has the authority to investigate and enforce compliance with the FFCRA. Employers may not discharge, discipline, or otherwise discriminate against any employee who lawfully takes paid sick leave or expanded family and medical leave under the FFCRA, files a complaint, or institutes a proceeding under or related to this Act. Employers in violation of the provisions of the FFCRA will be subject to penalties and enforcement by WHD.



WAGE AND HOUR DIVISION
UNITED STATES DEPARTMENT OF LABOR

For additional information
or to file a complaint:
1-866-487-9243
TTY: 1-877-889-5627
[dol.gov/agencies/whd](https://www.dol.gov/agencies/whd)



WH1422 REV 03/20

Exhibit B

REQUEST FOR EMERGENCY PAID SICK LEAVE OR EXPANDED FMLA LEAVE FORM

Employee:		Department:	
Manager:		Date:	

I. EMERGENCY PAID SICK LEAVE

REQUEST:

Start Date:		End Date:		Number of Hours:	
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Reason for the Request:

- ☐ (1) I am subject to a federal, state or local quarantine or isolation order related to COVID-19.
- ☐ (2) I have been advised by health care provider to self-quarantine due to concerns related to COVID-19.
- ☐ (3) I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.
- ☐ (4) I am caring for an individual who is subject to either number 1 or 2 above.
- ☐ (5) I am caring for his/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) I am 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.

☐ I am unable to work (including telework) for the qualifying reason(s) marked above.

Additional explanation:

Supportive documentation provided: (i.e., source of quarantine or isolation order, name of health care provider advising self-quarantine, closure notice posted/published, email from official of school/childcare provider, etc.)

II. EXPANDED FMLA LEAVE

REQUEST:

Start Date:		End Date:		Number of Hours:	
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- ☐ I need to care for my child whose primary or secondary school or place of care has been closed, or my regular childcare provider is unavailable due to a public health emergency with respect to COVID-19.

Supportive documentation provided:

(i.e., closure notice posted/published, email from official of school/childcare provider, etc.)

Employee: Please provide this completed request form to Human Resources (HR@NWRECC.org), together with all applicable information in support of the need for leave. By signing this request form, employee certifies the information provided is accurate and true.

Employee:		Date:	
Human Resources:		Date:	