STATE CONTROLLER'S OFFICE PERSONNEL/PAYROLL SERVICES DIVISION P. O. BOX 942850 Sacramento, CA 94250-5878

DATE: May 15, 2020

PAYROLL LETTER 20-006 (Civil Service Only)

TO: All Agencies in the Uniform State Payroll System

FROM: Jil Barraza, Chief Personnel and Payroll Services Division

RE: REVISED: THE EMERGENCY PAID SICK LEAVE ACT AND THE EMERGENCY FAMILY AND MEDICAL LEAVE EXPANSION ACT

BACKGROUND

On March 18, 2020, the federal government enacted the Families First Coronavirus Response Act (FFCRA), which enacted both the Emergency Paid Sick Leave Act (EPSLA) and the Emergency Family and Medical Leave Expansion Act (E-FMLA). These provisions will apply from April 1, 2020 through December 31, 2020. For additional information, please refer to Department of Human Resources (CalHR) Policy 2127. The policy can be accessed via the following link: <u>http://hrmanual.calhr.ca.gov/Home/ManualItem/1/2127</u>.

EPSLA will allow eligible employees up to two-weeks (80 hours for full-time or prorated for part-time employees) of emergency paid sick leave based on their regular rate of pay.

E-FMLA will allow eligible employees who are unable to work, including telework, to take up to 12-work weeks of paid FMLA leave related to COVID-19. The first two weeks of the E-FMLA are unpaid. Employees can elect to use up to two weeks of the EPSLA benefit or other available leave credits during the unpaid period. For week three to twelve, employees will be paid two-thirds of their salary, up to \$200 per day and not exceed a total of \$10,000 for the duration of their E-FMLA period. Employees can also elect to use available leave credits to supplement their E-FMLA benefit up to full pay.

GENERAL INFORMATION

This letter provides processing instructions for both the EPSLA and E-FMLA benefits along with related examples and worksheets to assist agencies in computing the E-FMLA supplementation amount.

NOTE: E-FMLA will need to be processed as a reduction to time, not salary, in order to reflect the two-thirds salary rate.

EMPLOYMENT HISTORY DOCUMENTATION

EPSLA Documentation: Process a 215 PAR transaction to document the benefit on Employment History. Enter "EPSLA MM/DD/YY" (benefit approval date) in Item 215 – Employment History Remarks, for employees electing to use the emergency sick leave benefit. The steps above will be repeated at the completion of the EPSLA benefit. **E-FMLA Documentation**: Process a 215 PAR transaction to document the benefit on Employment History. The 215 PAR transaction is effective following the 10 days unpaid benefit period. Enter "EFMLA MM/DD/YY" (same date as the effective date) in Item 215 – Employment History Remarks. The steps above will be repeated at the completion of the E-FMLA benefit.

NOTE: For tracking and reporting purposes, it is critical that agencies use remarks as identified above.

PAYROLL PROCESSING

The E-FMLA benefit and supplementation will be paid as regular pay. Payments will be subject to all mandatory deductions. Voluntary deductions will be withheld if there is sufficient net pay. The employee is responsible for canceling and reestablishing voluntary deductions. Follow instructions in the <u>PPM section H</u> <u>014</u> to cancel voluntary deductions.

Leave Credit Usage/Supplementation:

- If the employee is electing full supplementation and using EPSLA (or leave credits) to cover the first two weeks of their E-FMLA period, no special action is needed for payroll processing.
- An employee may use leave credits to supplement their E-FMLA benefits up to full pay. This is separate from using leave credits to cover the first 10 days during the unpaid E-FMLA period.
- The leave credit supplementation combined with time worked, EPSLA benefit, E-FMLA benefit, and/or leave credits used for the 10 days unpaid period cannot exceed the employee's monthly gross salary.

Agencies can process necessary pay reductions via the Payroll Input Process (PIP). For employees electing partial or no supplementation, dock should be documented on form STD. 603 and keyed in PIP using the DCK screen prior to master payroll cutoff. Unless there is additional dock, unrelated to E-FMLA, no dock transactions should be keyed in CLAS.

- NOTE: When form STD. 603 is keyed, it will reduce the amount of days and/or hours shown on the employee's warrant. Attachment D is a letter, which may be used along with a copy of the E-FMLA worksheet, to provide explanation to the employee.
- NOTE: Do not key form STD. 603 to report dock of more than 10 work days in a 21 day pay period or 11 work days in a 22 day pay period; process a 715 PAR transaction instead. Refer to <u>PAM section</u> <u>3.136</u> for 715 PAR processing instructions.

If an agency cannot determine an employee's EPSLA/E-FMLA eligibility by master payroll cutoff, an S57 PAR transaction will suspend payroll until further investigation can be completed. Once eligibility is confirmed, void the S57 PAR transaction and process form STD. 603 prior to the end of the pay period, or process form STD. 603 and form STD. 966 when keying after payday. Follow instructions in the <u>PPM section D106</u> for completion of form STD. 603 and section D009 for completion of form STD. 966.

• NOTE: When keying the S57, note a qualifying pay period in Item 715, unless the employee has true dock not related to the E-FMLA (see <u>PAM section 2.90 Item 715</u>).

Payments that cannot be keyed via PIP must be submitted on a form STD. 674 to Civil Service Payroll. The EPSLA and/or the E-FMLA benefit period must be noted in the Remarks section of form STD. 674. Current month requests must be submitted after master payroll cutoff and can be mailed, faxed, or emailed using encrypted email to the Personnel and Payroll Services Division.

- To send using encrypted email, you must follow your agency's encrypted email protocol. (If you are unsure about your encrypted email protocol, contact your supervisor before emailing the document.)
 - In the encrypted email message Subject Line, type: EPSLA / E-FMLA.
 - Send the email to: <u>PPSDTempOps@sco.ca.gov</u>
- If faxing, fax to: (916) 324-0704

The following documents are included to assist agencies with determining the supplementation needed for the E-FMLA benefit.

- Attachment A Worksheet #1: E-FMLA Partial Month Approval
- Attachment B Worksheet #2: E-FMLA Full Month Approval
- Attachment C Worksheet #3: E-FMLA Worksheet for Agency Use
- Attachment D Letter to Employee

COVID-19 E-FMLA CALCULATOR

The <u>COVID-19 E-FMLA Calculator</u> has been developed to assist agencies in calculating the supplementation time needed for full pay. This calculator may also be used to determine dock time for employees not supplementing their E-FMLA benefit.

LEAVE ACCOUNTING SYSTEM

The State Controller's Office has added new transaction codes for EPSLA and E-FMLA. Agencies participating in the California Leave Accounting System should reference Leave Accounting Letter # 20-003.

For additional questions regarding this letter, please use the following contact information:

<u>SUBJECT AREA</u> Program Administration (e.g., rules, regulations, benefits/pay impacts)	<u>CONTACT</u> Personnel Services Branch CalHR	TELEPHONE NUMBER/EMAIL (916) 323-3343
General Payroll Procedures Disability Payroll Procedures Employment History Procedures	Statewide Customer Contact Center SCO	(916) 372-7200
HR Suggestions Email Inbox (All HR Staff) Escalation Email Inbox (HR Supervisors and Managers)	n/a	PPSDHRSuggestions@sco.ca.gov PPSDOps@sco.ca.gov

JEB:PMAB:PPOB:CLAS

Worksheet # 1 – Employee approved for partial month E-FMLA and elects to use EPSLA benefit during the unpaid two weeks period.

Pay Period:	# of Days/I	# of Days/Hours in the Pay Period:				
Salary Rate:	Daily Rate	:	Hourly	Rate: _		
EPSLA Period:		E-FMLA Period:				
# of EPSLA Days Appro	oved:	# of E-FMLA Days Approved:				
STEP 1: Determine the Enter the Monthly Salar Multiply the result by the Hours) Worked Gross. F	y Rate and divide by Number of Regular	the Da g	ys (or Hours) Worked	to deteri	mine the Days (or	
\$ ÷		Х	<u></u>	_ = \$	5	
Monthly Salary Rate	# Days (or Hours) in the Pay Period		# Reg. Days (or Hours Worked)	Regular Pay Gross	
Compute the gross for the Salary Rate and dividing of Holiday(s). Holidays across many days. Rou \$	by the # of Days in are not granted for and the result to dete	the em rmir X	Pay Period. Multiply to ployees taking E-FML are the Holiday Gross a	he resul A as a b	t by the number	
Monthly Salary Rate	# of Days in the Pay Period		# of Holiday(s) in the Pay Period		Holiday Pay Gross	
STEP 2: Determine the Note: Holiday(s) that fall two-week EPSLA entitler	during the EPSLA pe			ed towar	ds the employee's	
Enter the Monthly Salar Multiply the result by the						
\$ ÷		Х		_ = \$	5	
Monthly Salary Rate	# of Days in the Pay Period		# of Approved EPSLA Days		EPSLA Gross	
STEP 3A: Determine the E-FMLA Gross Benefit for Week 3 – 12 Note: The employee receives 2/3 of their salary (not to exceed \$200 per day). E-FMLA benefit reduced by 10 days due to employee electing to use 10 days EPSLA benefit. Enter the Monthly Salary Rate and divide by the number of Days (or Hours) in the pay period. Multiply the result by the Number of E-FMLA Days Approved, which equals the Full Gross Amount.						
\$ ÷		х		= \$		
Monthly Salary Rate	# of Days in the Pay Period		# of Approved E-FMLA Days		Full Gross Amount	

STEP 3B: Determin Enter the Full Gross Gross.				mount nd divide by three, which o	equals the E-FMLA 2/3
\$	Х		÷		= \$
Full Gross Amount	Λ	Multiply by two		Divide by three	E-FMLA 2/3 Gross
	E-FN	ILA amount per o	day \$		lumber of E-FMLA Days pay period.
\$	Х		=	\$	
Maximum E-FMLA Amount Per Day		# of Approved			
	E-F	MLA benefit, so th		han the Maximum E-FM I e total does not exceed th	
Gross from Step 1A, determine Suppleme	the entat	EPSLA Gross fro ion Gross amoun \$ ar Holiday	m Ste it. Gros:		m Step 3 B or C to
Salary Nate F	ay C		able	61055 610	35 01033
STEP 5: Enter the Monthly Sa Round the result to d \$ Monthly Salary Rate	-		entat	* Number of Hours in the ion Hourly Rate. \$	e Pay Period.
Rate from Step 5. Co hours down to hund	nver	t the Supplement	ation	and divide by the Supple i Hours result to Days an	d/or Hours (Round
\$Supplementation Gross	.	[⊅] Supplementatior Hourly Rate	= า	Supplementation Hours	=/ Hour(s) (Rounded down to hundredth of an hour)

TOTAL PAY DUE THE EMPLOYEE:

Regular Pay Gross (Step 1)	+	\$
Holiday Gross (if applicable, Step 1A)	+	\$
EPSLA Gross (Step 2)	+	\$
E-FMLA Gross (Step 3)	+	\$
Supplementation Gross (Step 4)	+	\$
Maximum Gross for the Pay Period	=	\$

		Att	achment B - Page 1 o	
	oyee approved for partia	JPPLEMENTATION WORKS al month E-FMLA and elects		
Pay Period:	# of Days/Ho	ours in the Pay Period:		
Salary Rate:	Daily Rate:	Hourly Rat	e:	
EPSLA Period:		E-FMLA Period:		
# of EPSLA Days Appr	oved:	# of E-FMLA Days App	proved:	
Multiply the result by the	ry Rate and divide by the Number of Regular E Round this amount to d # Days (or Hours)	he Number of Days (or Hou Days (or Hours) Worked to d letermine the Regular Pay G	etermine the Days (or r oss . = \$	
Salary Rate and dividin of Holiday(s). Holidays across many days. Ro \$ ÷	he Holiday(s) pay that f g by the # of Days in t are not granted for e und the result to detern	all during the pay period by e he Pay Period. Multiply the mployees taking E-FMLA as nine the Holiday Gross amound	result by the number s a block of time unt. = \$	
Monthly Salary Rate	# of Days in the Pay Period	# of Holiday(s) in the Pay Period	Holiday Pay Gross	
STEP 2: Determine the EPSLA Gross Benefit for Week 1 – 2 Note: Holiday(s) that fall during the EPSLA period will be paid and counted towards the employee's two-week EPSLA entitlement. Enter the Monthly Salary Rate and divide by the number of Days (or Hours) in the pay period. Multiply the result by the Number of EPSLA Days Approved, which equals the EPSLA Gross. $\frac{1}{1000} \div \frac{1}{1000} \times \frac{1}{1000} \times \frac{1}{1000} = \frac{1}{10000000000000000000000000000000000$				
Salary Rate	# of Days in the Pay Period	EPSLA Days		
STEP 3A: Determine the E-FMLA Gross Benefit for Week 3 – 12 Note: The employee receives 2/3 of their salary (not to exceed \$200 per day). E-FMLA benefit reduced by 10 days due to employee electing to use 10 days EPSLA benefit. Enter the Monthly Salary Rate and divide by the number of Days (or Hours) in the pay period. Multiply the result by the Number of E-FMLA Days Approved, which equals the Full Gross Amount.				
\$ ÷ Monthly	x # of Days in the	# of Approved	= \$ Full Gross	
Salary Rate	Pay Period	E-FMLA Days	Amount	

	e the E-FMLA 2/3 Gro Amount, multiply by t		/hich equals the E-FMLA 2/3
\$	Х	÷	= \$
Full Gross	X Multiply by two	÷ Divide by three	E-FMLA 2/3 Gross
	E-FMLA amount per o		the Number of E-FMLA Days or the pay period.
\$	Х	= \$	
Maximum E-FMLA	X # of Approved E-FMLA Days		A
	E-FMLA benefit, so th		E-FMLA Benefit Amount in eed the Maximum E-FMLA
Gross from Step 1A, determine Suppleme	the EPSLA Gross fro ntation Gross amoun \$ egular Holiday	m Step 2, and the E-FML It.	s from Step 1, the Holiday A from Step 3 B or C to <u>E-FMLA</u> = \$ <u>Supplementation</u> Gross Gross
-	-	by the Number of Hours Internation Hourly Rate.	in the Pay Period.
\$	÷	= \$	
Monthly Salary Rate	# of Hours in the Pay Period	Supplementation	1
Rate from Step 5. Con hours down to hund	nvert the Supplement	ep 4 and divide by the Su a tion Hours result to Da	upplementation Hourly ys and/or Hours (Round
\$ Supplementation Gross	÷ \$ Supplementatior Hourly Rate	= Supplementation Hours	= / Day(s) Hour(s) (Rounded down to hundredth of an hour)

TOTAL PAY DUE THE EMPLOYEE:

Regular Pay Gross (Step 1)	+	\$
Holiday Gross (if applicable, Step 1A)	+	\$
EPSLA Gross (Step 2)	+	\$
E-FMLA Gross (Step 3)	+	\$
Supplementation Gross (Step 4)	+	\$
Maximum Gross for the Pay Period	=	\$

Worksheet # 3 – For Ag	ency Use					
Pay Period:	# of Days/l	# of Days/Hours in the Pay Period:				
Salary Rate:	Daily Rate	Daily Rate: Hourly Rate:				
EPSLA Period:			E-FMLA Period:			
# of EPSLA Days Appro	oved:	# of E-FMLA Days Approved:				
Multiply the result by the	y Rate and divide by Number of Regular	the Day	Number of Days (or Hou ys (or Hours) Worked to o ermine the Regular Pay G	determine the Days (or		
\$÷		Х		= \$		
Monthly Salary Rate			# Reg. Days (or Hours) Worked			
of Holiday(s). Holidays across many days. Rou \$	are not granted for and the result to dete # of Days in the	emj rmin X	# of Holiday(s)	s a block of time unt. = \$ Holiday Pay		
Salary Rate	Pay Period		in the Pay Period	Gross		
 STEP 2: Determine the EPSLA Gross Benefit for Week 1 – 2 Note: Holiday(s) that fall during the EPSLA period will be paid and counted towards the employee's two-week EPSLA entitlement. Enter the Monthly Salary Rate and divide by the number of Days (or Hours) in the pay period. Multiply the result by the Number of EPSLA Days Approved, which equals the EPSLA Gross. 						
\$÷		Х		= \$		
Monthly Salary Rate	# of Days in the Pay Period		# of Approved EPSLA Days	EPSLA Gross		
STEP 3A: Determine the E-FMLA Gross Benefit for Week 3 – 12 Note: The employee receives 2/3 of their salary (not to exceed \$200 per day). Enter the Monthly Salary Rate and divide by the number of Days (or Hours) in the pay period. Multiply the result by the Number of E-FMLA Days Approved, which equals the Full Gross Amount.						
\$÷		Х		= \$		
Monthly Salary Rate	# of Days in the Pay Period		# of Approved E-FMLA Days	Full Gross Amount		

STEP 3B: Determin Enter the Full Gross Gross.				mount nd divide by three, which e	equa	als the E-FMLA 2/3
\$	Х		÷		=	\$
Full Gross	Λ	Multiply by two	•	Divide by three		E-FMLA 2/3 Gross
	E-FI	MLA amount per o	day \$	enefit Amount 200 and multiply by the N Benefit Amount for the _l		-
\$	Х	,	=	\$		
Maximum E-FMLA Amount Per Day		# of Approved		Maximum E-FMLA Benefit Amount	-	
	e E-F	FMLA benefit, so th		han the Maximum E-FML e total does not exceed the		
Gross from Step 1A determine Supplement	, the enta Regu	EPSLA Gross fro tion Gross amoun \$ lar Holiday	m Ste t. Gros		n St MLA	ep 3 B or C to
STEP 5: Enter the Monthly S Round the result to c				Number of Hours in the tion Hourly Rate.	e Pa	y Period.
\$	÷		=	¢		
^Ψ <u>Monthly</u>	•	# of Hours in the	. –	^Ψ Supplementation		
Salary Rate		Pay Period		Hourly Rate		
	onve	rt the Supplement		and divide by the Suppler Hours result to Days and		
\$ Supplementation Gross	÷	\$ Supplementation Hourly Rate	= ו	Supplementation Hours	=	Day(s) / Hour(s) (Rounded down to hundredth of an hour)

TOTAL PAY DUE THE EMPLOYEE:

Regular Pay Gross (Step 1)	+	\$
Holiday Gross (if applicable, Step 1A)	+	\$
EPSLA Gross (Step 2)	+	\$
E-FMLA Gross (Step 3)	+	\$
Supplementation Gross (Step 4)	+	\$
Maximum Gross for the Pay Period	=	\$

DATE:

TO: [EMPLOYEE NAME]

FROM: [DEPARTMENT NAME, HR OFFICE]

RE: APRIL and MAY PAYROLL WARRANT/DIRECT DEPOSIT ADVICE

According to the Department of Human Resources HR Manual, section 2127, Families First Coronavirus Response Act, employees participating in the Emergency Family and Medical Leave Expansion Act (E-FMLA) are paid 2/3 of their salary up to \$200 per day and up to a total of \$10,000. Employees have the option to supplement the 2/3 regular pay with either Emergency Paid Sick Leave (EPSLA) or another type of leave.

For those employees choosing not to supplement, or who do not have sufficient hours to supplement up to 100% of their salary, dock time has been keyed based on the calculations in the attached worksheet. This was done in order to reduce your regular pay to 2/3rds salary, or the amount of time not supplemented. Since dock time was subtracted from the standard 21 or 22 day pay period, employees who have had time docked will see the difference on their payroll warrant. For example, an employee who is docked 7 days and 3 hours for the month of May, which is a 21-day pay period, will see 13 days and 5 hours of regular pay noted on their payroll warrant/direct deposit advice in front of a reduced gross amount.

The amount of days and hours noted on the payroll warrant/direct deposit advice are not a reflection of the actual time worked for the employee for the month of May; however, this is the most efficient way of processing pay in order to comply with the new E-FMLA policy and its related time constraints. In addition, the dock days/hours will not be recorded or tracked on the employee's history as any sort of deficiency in job performance.

For questions regarding this policy, please consult with your Human Resources Office. Additional information regarding this policy may be found at the Department of Human Resources' <u>website</u>.

Thank you for your patience as we all do our best to implement these new policies and attempt to accommodate you and your family during this time.