City of Baltimore
Department of Human Resources

SUPPLEMENTAL DOCUMENTS FOR HUMAN RESOURCES ISSUES REGARDING COVID-19 & OTHER CATASTROPHIC EVENTS

Bernard C. "Jack" Young
Mayor

Quinton M. Herbert
Director

Out of Title Pay Request

CITY OF BALTIMORE	OUT-OF-TITLE PAY REQUEST		
INSTRUCTIONS: 1. Type or print in ink. 2. Complete all blocks that apply to this request. Submission of an incomplete request may delay processing. 3. Attach additional sheets if necessary.	DHR USE ONLY Received on Technician	Grade Difference	DHR Project #
AGENCY NAME	BUREAU/DIVISION		

REQUEST CATEGORY Check all that apply:

☐ Initial 120 day period ☐ Extension ☐ 20 day period ☐ Late Request

EMPLOYEE RECOMMENDED FOR OUT-O-F TITLE ASSIGNMENT

Employee's Name	Employee's ID #:	Payroll Dept./Loc. Code
Class number	Title	Does the employee meet the minimum Qualifications for the out-of-title position? (COMPLETE REVERSE SIDE) ☐ Yes ☐ No
Grade	Salary Range	Job Number	Budget Program & Activity #
Explain why you recommend this employee for the out-of-title assignment.		
Does/will the employee perform the full range of higher level duties? ☐ Yes ☐ No	If no, explain what duties are not performed by the assignee.	

OUT-OF-TITLE POSITION & ASIGNMENT

Class number	Title	Position Status ☐ Filled ☐ Vacant
Grade	Salary range	Job number	Budget Program & Activity #	If filled, name Of incumbent:
Reason for request. (Refer to "Eligibility" section of AM-214-1, Part II.)		
Explain why these duties cannot be performed by an employee(s) in a comparable or higher level class than the out-of-title position.		
Out-of-title pay beginning date	Out-of-title pay ending date	Number of working days	First day of out-of-title assignment

ELIGIBILITY LIST

Complete only if the out-of-title assignment is for a vacant position

Does an eligibility list for this classification Exist? ☐ Yes ☐ No	Is the assignee on this list? ☐ Yes ☐ No	Is there no eligibility list, has the agency Requested an examination for the classification?

EXTENSION OF INITIAL ASSIGNMENT

Complete only if this is a request to extend an out-of-title assignment

Date of initial out-of-title Assignment.	Expected date of completion of initial period of 120 working days	Was the initial 120-day period approved by DHR?	If yes, give date of DHR approval.
Why is an extension necessary?			

LATE REQUEST

Complete only if this request is late

Why is this request late? (Refer to "Late Requests" section of AM 214-1, PART II; attach a completed POSITION DESCRIPTION.)

I hereby certify that all of the above Information is correct and authorize the request for out-of-title pay.	Preliminary Approval & Date (Optional Agency Use)	AGENCY HEAD'S SIGNATURE	DATE

CITY OF BALTIMORE	OUT-OF-TITLE PAY REQUEST

QUALIFICATIONS OF THE EMPLOYEE RECOMMENDED FOR THE OUT-OF-TITLE ASSIGNMENT

NOTE: Employees working out-of-title must meet the minimum qualifications of the higher class. Refer to the appropriate class specification.

EMPLOYEE'S NAME	SSN

REQUIRED EDUCATION OR DEGREES

REQUIRED CERTIFICATES OR LICENSES (ATTACH COPIES)

RELEVANT WORK EXPERIENCE

Employer	Job Title	Dates of experience	Number of hours per week

Complete description of duties performed which relate to the out-of-title class.

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Employer	Job Title	Dates of experience	Number of hours per week

Complete description of duties performed which relate to the out-of-title class.

Employer	Job Title	Dates of experience	Number of hours per week

Complete description of duties performed which relate to the out-of-title class.

I hereby certify that all of The above information is Correct.	EMPLOYEE'S SIGNATURE	DATE

Volunteer Services Waiver and Release

The Undersigned, on behalf of himself or herself and his or her estate, successors or assigns hereby waives any right of recovery and releases the City of Baltimore, their officers, officials, employees, volunteers, and agents, from any personal or property liability arising from any injury or death to Undersigned, arising from or out of the Undersigned's activities and participation in volunteer services at the City of Baltimore ***[INSERT AGENCY AND DIVISION NAME]***.

Print Name: _____

Signature: _____

Date: _____

For minors under 18 years of age: _____ (printed name) has my permission to accept as assignment as a volunteer for the City of Baltimore.

Signature of Guardian: _____ Date: _____

Sample Memo for Rescission of Vacation, Personal Leave and Comp Time Off

To: [Employee's Name]

From: [Agency Head]

Date: [Date]

Subject: ***Rescission of Previously Approved Leave***

Please be advised that the COVID-19 emergency has caused staffing shortages Citywide. Unfortunately, this means that I must rescind my prior approval of *(date of vacation leave, personal leave, and compensatory time off)* in order to provide staffing coverage.

You may be at or near the maximum accumulation for vacation, personal or compensatory time, and this rescission may result in additional leave earnings being forfeited. A correction may be made to credit you with leave as a result of this action.

cc: Manager/Supervisor
Payroll Clerk

Sample Memo for Sending Symptomatic Employee Home

To: [Employee's Name]

From: [Agency Head]

Date: [Date]

Subject: ***Removal from Workplace-Exhibiting COVID-19 Symptoms***

During the last *(time period i.e. few days, several hours)* I have observed that you appear symptomatic because you are *(list symptoms observed).* I am concerned about your physical well-being as well as that of your co-workers. In light of these concerns, I am sending you home.

You will need to use your emergency paid sick leave, sick leave, vacation, personal, or compensatory time off accruals (if available) for your absence. You may request approval for emergency advanced use of sick leave or an unpaid leave of absence if all leave accruals, including emergency paid sick leave, are depleted. When your condition improves, please contact me at *(supervisor's phone number and email address)* and we will discuss your return to work.

cc: Manager/Supervisor
Payroll Clerk

Emergency Advanced Sick Leave Authorization Form

Pursuant to Section 13 of the "City of Baltimore Emergency Response Plan for Human Resources Issues Regarding COVID-19 and Other Catastrophic Events," I understand and expressly agree to repay the advanced sick leave I received from the City during the emergency period declared by Baltimore City. I understand and expressly agree that the City will deduct from any future accumulated sick leave earned until the balance of this advanced leave is repaid.

I further understand and expressly agree that if upon my separation from City government any advanced sick leave balance remains, the City is authorized pursuant to Md. Ann. Code, Labor & Employment Article 3-503(2), to deduct the value of the remaining advanced emergency days from my final payroll check or other monies due and owing.

Agency (name/code): _____ Number of Days Requested: ____ (15 max)

_____
Employee Name (print)

_____ _____
Employee Signature Date

☐ Approved # of Days Approved _____

☐ Denied

_____ _____
Agency Head Signature Date

CITY OF BALTIMORE
DEPARTMENT OF HUMAN RESOURCES
Shared Services
7 E. Redwood Street | 17th Floor
Baltimore, MD 21202
T (410) 396-5611 | F (410) 396-3857

EMERGENCY PAID SICK LEAVE (EPSL) FORM

Families First Coronavirus Response Act (FFCRA) | April 1, 2020 – December 31, 2020

Instructions: Complete the following Emergency Paid Sick Leave Form and **return to your Agency HR Office**. All fields must be completed.

EMPLOYEE INFORMATION

Request Date: _____

Employee Name: _____

Position: _____ Employee ID: _____

Primary Phone Number: _____ Email Address: _____

Agency: _____ Department: _____

LEAVE REQUEST INFORMATION

(Select only one option)

I am unable to work because of the following reason:

- ☐ I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19 issued by the following government entity: _____
- ☐ I have been advised by my healthcare provider to self-quarantine due to concerns related to COVID-19. The healthcare provider's name is _____.
- ☐ I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.
- ☐ I am caring for an individual who is subject to a Federal, State, or local quarantine or isolation order related to COVID-19, issued by the following government entity _____ or has been advised by a healthcare provider to self-quarantine due to concerns related to COVID-19. The healthcare provider's name is _____.
- ☐ I am caring for my minor child because my child's school or daycare has been closed or my child's daycare provider is unavailable, due to COVID-19 precautions. The name of the minor child(ren) in my care is _____ and the school or child care provider's name is _____. (Please refer to the Emergency Family Medical Leave Expansion Request (EFML) Form).
- ☐ I am experiencing a substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and Secretary of Labor.

I am requesting EPSL leave from _____ to _____ and will return to work on _____.

VERIFICATION AND ACKNOWLEDGEMENT

_____ _____
Employee Signature Date

_____ _____
Supervisor Signature Date

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EXPANDED FAMILY & MEDICAL LEAVE (EFML) FORM

Families First Coronavirus Response Act (FFCRA) | April 1, 2020 – December 31, 2020

Instructions: Complete the following Emergency Family & Medical Leave Expansion Act Form and **return to your Agency HR Office**. All fields must be completed.

EMPLOYEE INFORMATION

Request Date: _____

Employee Name: _____

Position: _____ Employee ID: _____

Primary Phone Number: _____ Email Address: _____

Agency: _____ Department: _____

Have you been employed by the City for at least 30 days? ☐ Yes ☐ No

Is your spouse employed by the City? ☐ Yes ☐ No

If you answered "Yes", please complete the following:

Spouse's Name: _____

Spouse's Agency: _____

LEAVE REQUEST INFORMATION

I confirm that I am unable to work (or telework) because I am caring for my child (18 years or younger) since the school is closed, or childcare provider is unavailable due to an emergency with respect to COVID-19 declared by a Federal, State, or local authority. I confirm that no other suitable person is available to care for my child.

Name of Child	Name of School or Childcare Provider
1.	
2.	
3.	
4.	
5.	

I am requesting leave from _____ to _____

Type of leave requested: ☐ Continuous ☐ Intermittent ☐ Modified/Reduced Schedule (Describe below)

EXPANDED FAMILY & MEDICAL LEAVE (EFML) FORM

A complete and sufficient certification to support a request for EMFL due to a qualifying reason, as described by the Families First Coronavirus Response Act, includes any available written documentation that supports the need for the leave. Such documentation may include, for example, a document confirming the closure of my child's daycare facility.

Is written documentation attached? ☐ Yes ☐ No

VERIFICATION AND ACKNOWLEDGEMENT

I am aware that the first ten (10) days of EFML are unpaid and I may elect to use the balance of any accrued vacation, personal, compensatory, or Emergency Paid Sick Leave at two thirds (2/3) of my regular rate of pay with specified payouts not to exceed $200 per day, or $10,000 in total, at the start of my absence. The City will run my accrued leave (personal, vacation and compensatory) concurrently with the remaining ten (10) weeks of qualifying EFML. Once my accrued leave is exhausted, the remaining EFML will be paid at two-thirds (2/3) of my regular rate of pay with all EFML specified payouts not to exceed $10,000 in total.

Employee Signature	Date
Supervisor Signature	Date

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EMERGENCY ADVANCE SICK LEAVE AUTHORIZATION FORM

ALL INFORMATION WILL BE TREATED CONFIDENTIALLY

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I further understand and expressly agree that if upon my separation from City government, if any advanced sick leave balance remains, the City is authorized pursuant to Md. Ann. Code, Labor & Employment Article 3-503(2), to deduct the value of the remaining advanced emergency days from my final payroll check or other monies due and owing.

Number of Days Requested: _____
(Maximum of 15 Days)

Agency: _____ Agency Code: _____

Employee Name: _____ Employee ID: _____

_____ _____
Employee Signature Date

☐ Approved Number of Days Approved: _____
(Maximum of 15 Days)

☐ Denied

_____
Agency Head Print Name

_____ _____
Agency Head Signature Date