

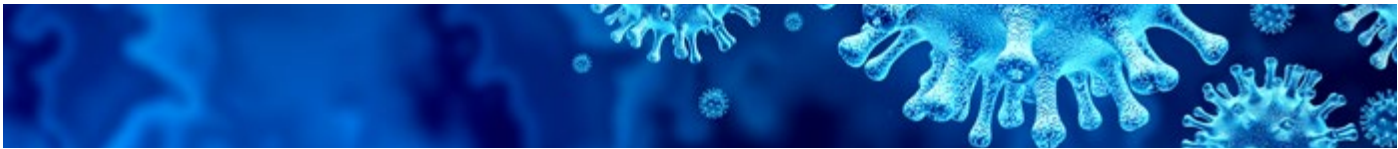
# COVID-19

## HMH PAY SCENARIOS & PROCESS GUIDE



Hackensack  
Meridian *Health*

KEEP GETTING BETTER



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## REASSIGNMENT

Reassignment of team member to another unit or site upon directive by leader.

### TEAM MEMBER – WHAT STEPS DO I NEED TO TAKE?

<b>WHO DO I CONTACT?</b>	Current leader
<b>SHOULD I CONTACT THE HARTFORD?</b>	No
<b>WHAT ACTION DO I NEED TO TAKE?</b>	Team member will clock in using the new cost center they will be supporting. Please speak with the leader on the reassignment unit for clarification on cost centers and type of coverage.

### LEADER – WHAT STEPS DO I NEED TO TAKE?

<b>WHO DO I CONTACT AS THE LEADER?</b>	Workforce Reassignment Office (WRO) via email at <a href="mailto:COVIDWRO@hmhn.org">COVIDWRO@hmhn.org</a> .
<b>WHO IS COMMUNICATING WITH THE TEAM MEMBER?</b>	Current leader will maintain communication with team member. During the reassigned shift, receiving leader will provide direction. The current leader should partner with the receiving leader to verify hours worked before signing off on payroll.

### HOW WILL I BE PAID?

<b>REGULAR PAY</b>	Regular pay as the team member continues to work.
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### HOW SHOULD THE LEADER PROCESS IN PAYROLL?

#### FOR NON-EXEMPT/HOURLY TEAM MEMBERS:

Team members being redeployed to support another unit or work on specific COVID increment tasks should code the timesheet as follows:

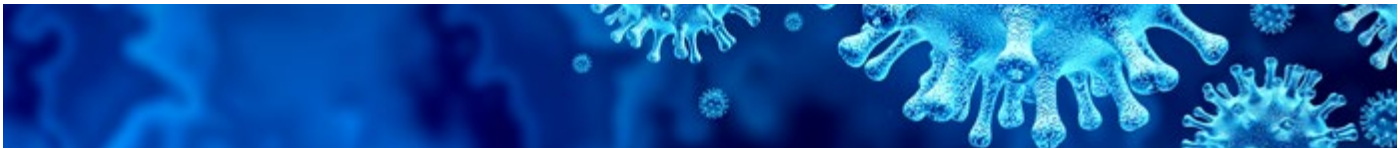
- Team members redeployed to support another unit, should charge the cost center in which they are supporting and use reason code **C0016 COVID-19 Redeployment** (enter on the row of the IN punch).
- Team members redeployed to work on COVID incremental tasks that are not part of another unit should charge the COVID cost center and use the reason code **C0017 COVID-19**.

#### FOR EXEMPT/SALARIED TEAM MEMBERS:

Team members being redeployed to support another unit or work on specific COVID increment tasks should code the timesheet as follows.

- Team members redeployed to support another unit, should charge the cost center in which they are supporting and use reason code **C0016 COVID-19 Redeployment** (enter on the row of the IN punch).
- Team members redeployed to work on COVID incremental tasks that are not part of another unit should charge the COVID cost center and use the reason code **C0017 COVID-19**.
- To charge the cost centers the exempt team member is redeployed to, simply change the timesheet view to "Punch Timesheet" and enter the cost center for the entity that the team member supported for that day along with the override reason code (similar to entering the TRC code with quantity of hours).

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## FEELING SICK

A team member who feels sick or is experiencing symptoms consistent with COVID-19.

### TEAM MEMBER – WHAT STEPS DO I NEED TO TAKE?

#### WHAT ACTION DO I NEED TO TAKE?

Team Members should not report to work and contact the Occupational Health COVID-19 Hotline if they are experiencing a fever ( $\geq 100.0$ ) **OR** if they are experiencing symptoms consistent with COVID-19.

If a fever ( $\geq 100.0$ ) or COVID related symptoms develops while at work, tell your leader and you will be sent home. Team members should contact the Occupational Health COVID-19 Hotline as soon as possible.

#### WHO DO I CONTACT?

Contact leader to report absence. Call the Occupational Health COVID-19 Hotline if you are experiencing symptoms consistent with COVID-19.

#### WHAT ACTION DO I NEED TO TAKE?

If Occupational Health determines the team member should be tested they will direct you how to set up your test, which will be performed 5-7 days after exposure.

Occupational Health will continue to make contact with the team member periodically, depending on the individual situation. As soon as all the CDC requirements for clearance are met, Occupational Health will confirm the team member may return to work. At that time, the leader will be sent an email notification of the team member's clearance and can immediately place the team member back on the schedule.

*Continued*

## FEELING SICK

### WHAT ACTION DO I NEED TO TAKE?

If a team member's health care provider/primary care physician determines that the team member should remain out of work for additional days following clearance by Occupational Health, then the team member should first contact Occupational Health for further evaluation. If Occupational Health still clears the team member to report to work, the team member may contact The Hartford to open a new claim.

### LEADER – WHAT STEPS DO I NEED TO TAKE?

#### WHO DO I CONTACT AS THE LEADER?

n/a

#### WHO IS COMMUNICATING WITH THE TEAM MEMBER?

Occupational Health will continue make contact with the team member periodically, depending on the individual situation. As soon as all the CDC requirements for clearance are met, Occupational Health will confirm the team member may return to work. At that time, the leader will be sent an email notification of the team member's clearance and can immediately place the team member back on the schedule.

**If determined non-work related exposure:** The Hartford will conduct communication with the team member in addition to Occupational Health.

**IMPORTANT NOTE:** Occupational Health will not provide the leader with any HIPAA protected health information, including whether a team member has tested positive for COVID-19.

### HOW WILL I BE PAID? NON-WORK RELATED

#### REGULAR PAY

Regular pay as the team member continues to work.

#### NJ EARNED SICK LEAVE

ESL (To be used when team member is sick and not working).

Cascade according to [ESL Pay Practice](#) Rules/Banks.

NOTE: Subject to change upon further guidance by Department of Labor.

*Continued*

## FEELING SICK

### NON-WORK RELATED *(Continued)*

<b>PTO</b>	Cascade according to <a href="#">ESL Pay Practice</a> Rules/Banks.
<b>DISABILITY</b>	As determined by The Hartford.
<b>UNEMPLOYMENT</b>	Possibly apply for unemployment.

### WORK RELATED (AS DETERMINED BY OCCUPATIONAL HEALTH)

<b>REGULAR PAY</b>	Regular pay as the team member continues to work.
<b>NJ EARNED SICK LEAVE</b>	ESL (To be used when team member is sick and not working).  Cascade according to <a href="#">ESL Pay Practice</a> Rules/Banks. NOTE: Subject to change upon further guidance by Department of Labor.
<b>PTO</b>	Cascade according to <a href="#">ESL Pay Practice</a> Rules/Banks.
<b>DISABILITY</b>	In certain cases, disability could apply. NOTE: Subject to change upon further guidance by Department of Labor.
<b>UNEMPLOYMENT</b>	Possibly apply for unemployment.
<b>WORKERS' COMPENSATION</b>	As determined by Occupational Health. Cascade according to <a href="#">Workers' Compensation</a> Pay Practices Rules/Banks.  NOTE: Subject to change upon further guidance by Department of Labor.

### HOW SHOULD THE LEADER PROCESS IN PAYROLL?

#### IF CONTINUE TO WORK IN REGULAR CAPACITY:

Leader enters time worked through normal process, adjusting for any shift in hours or schedule.

#### IF TEAM MEMBER IS SICK:

Leader enters code = "Sick". Do this until notified by The Hartford or Occupational Health.

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## POSITIVE COVID-19 TEST/NON-HMH WORK RELATED

A team member with a **positive COVID-19 test result** due to a **non-HMH work related** exposure.

### TEAM MEMBER – WHAT STEPS DO I NEED TO TAKE?

<b>WHO DO I CONTACT?</b>	Leader to report absence. Team member should call the Occupational Health COVID-19 Hotline.
<b>SHOULD I CONTACT THE HARTFORD?</b>	Contact The Hartford if out of work for greater than 3 days and not HMH work related exposure. Please specify that it was determined to be a community exposure.
<b>WHAT ACTION DO I NEED TO TAKE?</b>	Team member should not report to work.

### LEADER – WHAT STEPS DO I NEED TO TAKE?

<b>WHO DO I CONTACT AS THE LEADER?</b>	n/a
<b>WHO IS COMMUNICATING WITH THE TEAM MEMBER?</b>	The Hartford will communicate with the team member. Occupational Health will continue to make contact with the team member periodically, depending on the individual situation. As soon as the team member meets all the CDC requirements for clearance, Occupational Health will confirm the team member may return to work. At that time, the leader will be sent an email notification of the clearance and can immediately place the team member back on the schedule.

### HOW WILL I BE PAID?

<b>NJ EARNED SICK LEAVE</b>	Cascade according to <a href="#">ESL Pay Practice</a> Rules/Banks.
<b>PTO</b>	Cascade according to <a href="#">ESL Pay Practice</a> Rules/Banks.
<b>DISABILITY</b>	Upon exhaustion of ESL, <a href="#">disability</a> can apply.
<b>UNEMPLOYMENT</b>	Possibly apply for unemployment.

### HOW SHOULD THE LEADER PROCESS IN PAYROLL?

Leader enters code = "SICK". Do this until notified by The Hartford.

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## SELF-QUARANTINE – NON-HMH WORK RELATED

A person who is told to **self-quarantine** by a physician due to virus exposure **outside of the workplace** - not sick at time of quarantine.

### TEAM MEMBER – WHAT STEPS DO I NEED TO TAKE?

#### WHO DO I CONTACT?

Leader to report absence. In addition, team member should contact the Occupational Health COVID-19 Hotline to report the quarantine and arrange for testing.

If you are asymptomatic and you had a **community exposure**, you may continue to work while awaiting your test results.

If you had a **household exposure** or exposure to someone you have regular and continuous contact with (i.e. significant other, parent, etc.), you cannot work while awaiting your test results.

#### SHOULD I CONTACT THE HARTFORD?

Contact The Hartford if out of work for greater than 3 days and not HMH work related exposure.

#### WHAT ACTION DO I NEED TO TAKE?

Speak with leader to discuss options. Be prepared to discuss:  
- [Work from home](#) in either their current job or support another function/unit

### LEADER – WHAT STEPS DO I NEED TO TAKE?

#### WHO DO I CONTACT AS THE LEADER?

Depends upon the ability to work from home /reassignment.

If there are no opportunities available on unit, contact the Workforce Reassignment Office (WRO) via email at [COVIDWRO@hmhn.org](mailto:COVIDWRO@hmhn.org) to coordinate possible reassignment opportunities.

#### WHO IS COMMUNICATING WITH THE TEAM MEMBER?

If an alternative work arrangement is approved, leader will communicate with the team member.

If out of work for greater than 3 days, The Hartford will communicate directly with the team member.

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## SELF-QUARANTINE – NON-HMH WORK RELATED

### HOW WILL I BE PAID?

<b>REGULAR PAY</b>	If continue to work, will be paid according to regular pay practices.
<b>NJ EARNED SICK LEAVE</b>	Only if alternate work arrangements are NOT feasible.  Cascade according to <a href="#">ESL Pay Practice</a> Rules/Banks. NOTE: Subject to change upon further guidance by Department of Labor.
<b>PTO</b>	Cascade according to <a href="#">ESL Pay Practice</a> Rules/Banks.
<b>DISABILITY</b>	If the team member becomes symptomatic, <a href="#">disability</a> could apply. NOTE: Subject to change upon further guidance by Department of Labor.
<b>UNEMPLOYMENT</b>	Possibly apply for unemployment.

### HOW SHOULD THE LEADER PROCESS IN PAYROLL?

#### **IF TEAM MEMBER CONTINUES TO WORK IN REGULAR CAPACITY:**

Leader enters time worked through normal process, adjusting for any shift in hours or schedule. If work from home arrangement is approved, non-exempt team members will need to clock in/out utilizing the online [web clock in MyWay-PeopleSoft](#).

#### **IF TEAM MEMBER CONTINUES TO WORK BUT WILL SUPPORT ANOTHER DEPARTMENT (I.E. REASSIGNMENT):**

See applicable COVID-19 scenario for reassignment.

#### **IF ALTERNATE WORK IS NOT FEASIBLE:**

Leader enters code = "SICK".

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## SCHOOL/DAY CARE CLOSURE

A person who is unable to work because their child's school or daycare was ordered closed by a public official for a public health reason.

### TEAM MEMBER – WHAT STEPS DO I NEED TO TAKE?

<b>WHO DO I CONTACT?</b>	Leader
<b>SHOULD I CONTACT THE HARTFORD?</b>	Contact The Hartford if out of work for greater than 3 days.
<b>WHAT ACTION DO I NEED TO TAKE?</b>	<p>Speak with leader to discuss options. Be prepared to discuss:</p> <ul style="list-style-type: none"> <li>- <a href="#">Work from home</a></li> <li>- Flexible work schedules (i.e. swap shifts or weekends).</li> </ul> <p>Review the <a href="#">Resources for Working Parents Page on TeamHMH</a> which outlines several options that may be available to you depending on your job responsibilities and unique situation.</p>

### LEADER – WHAT STEPS DO I NEED TO TAKE?

<b>WHO DO I CONTACT AS THE LEADER?</b>	Leader should work directly with the team member to discuss creative options to ensure scheduling/patient care is met (i.e. work from home, flex work schedule).
<b>WHO IS COMMUNICATING WITH THE TEAM MEMBER?</b>	Leader

### HOW WILL I BE PAID?

<b>REGULAR PAY</b>	Regular pay as the team member continues to work.
<b>NJ EARNED SICK LEAVE</b>	<p>Only if alternate work arrangements are NOT feasible.</p> <p>Cascade according to <a href="#">ESL Pay Practice Rules/Banks</a>. See <a href="#">Family Member Disability Reference Guides</a> for full details.</p> <p>NOTE: Subject to change upon further guidance by Department of Labor.</p>
<b>PTO</b>	Cascade according to <a href="#">ESL Pay Practice Rules/Banks</a> . See <a href="#">Family Member Disability Reference Guides</a> for full details.
<b>UNEMPLOYMENT</b>	Possibly apply for unemployment.

### HOW SHOULD THE LEADER PROCESS IN PAYROLL?

#### **IF THE TEAM MEMBER CONTINUES TO WORK IN REGULAR CAPACITY:**

Leader enters time worked through normal process, adjusting for any shift in hours or schedule. If work from home arrangement is approved, non-exempt team members will need to clock in/out utilizing the online [web clock in MyWay-PeopleSoft](#).

#### **IF THE TEAM MEMBER CONTINUES TO WORK BUT WILL SUPPORT ANOTHER DEPARTMENT (I.E. REASSIGNMENT):**

See applicable COVID-19 scenario for Reassignment.

#### **IF ALTERNATE WORK IS NOT FEASIBLE:**

Leader enters code = "SICK".

NOTE: Subject to further clarification by the Department of Labor.

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## HMH VOLUNTARILY SHUT DOWN OPERATIONS

A person who is out of work because their **employer voluntarily closed** (temporarily or otherwise) due to COVID-19. Example: HMH makes the voluntary decision to shut down operations.

### TEAM MEMBER – WHAT STEPS DO I NEED TO TAKE?

<b>WHO DO I CONTACT?</b>	Leader
<b>SHOULD I CONTACT THE HARTFORD?</b>	No
<b>WHAT ACTION DO I NEED TO TAKE?</b>	<p>Speak with leader to discuss options. Be prepared to discuss:</p> <ul style="list-style-type: none"> <li>- Reassignment to another unit in either their current role or other capacity</li> <li>- <a href="#">Work from home</a> in either their current job or support another function/unit</li> <li>- Flexible work schedules (i.e. swap shifts or weekends)</li> </ul>

### LEADER – WHAT STEPS DO I NEED TO TAKE?

<b>WHO DO I CONTACT AS THE LEADER?</b>	<p>Depends upon the ability to work from home /reassignment.</p> <p>If there are no opportunities available on unit, contact the Workforce Reassignment Office (WRO) via email at <a href="mailto:COVIDWRO@hmhn.org">COVIDWRO@hmhn.org</a> to coordinate possible reassignment opportunities.</p>
<b>WHO IS COMMUNICATING WITH THE TEAM MEMBER?</b>	Leader

### HOW WILL I BE PAID?

<b>REGULAR PAY</b>	If continue to work, will be paid according to regular pay practices.
<b>PTO</b>	<p>Only if alternate work arrangements are NOT feasible.</p> <p>Team member will be required to use any available PTO time from all PTO banks before going unpaid.</p>
<b>UNEMPLOYMENT</b>	Possibly apply for unemployment.

## HOW SHOULD THE LEADER PROCESS IN PAYROLL?

### **IF CONTINUE TO WORK IN REGULAR CAPACITY:**

Leader enters time worked through normal process, adjusting for any shift in hours or schedule. If work from home arrangement is approved, non-exempt team members will need to clock in/out utilizing the online [web clock in MyWay-PeopleSoft](#).

### **IF CONTINUES TO WORK BUT WILL SUPPORT ANOTHER DEPARTMENT (I.E. REASSIGNMENT):**

See applicable COVID-19 scenario for reassignment.

### **IF ALTERNATE WORK IS NOT FEASIBLE:**

Leader enters code = "PTO".

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## HMH IS ORDERED TO SHUT DOWN OPERATIONS

A person who is unable to work because their place of business was **ordered closed by a public official** for a public health reason. Example: HMH ordered to shut down operations.

### TEAM MEMBER – WHAT STEPS DO I NEED TO TAKE?

<b>WHO DO I CONTACT?</b>	Leader
<b>SHOULD I CONTACT THE HARTFORD?</b>	No
<b>WHAT ACTION DO I NEED TO TAKE?</b>	<p>Speak with leader to discuss options. Be prepared to discuss:</p> <ul style="list-style-type: none"> <li>- Reassignment to another unit in either their current role or other capacity</li> <li>- <a href="#">Work from home</a> in either their current job or support another function/unit</li> <li>- Flexible work schedules (i.e. swap shifts or weekends)</li> </ul>

### LEADER – WHAT STEPS DO I NEED TO TAKE?

<b>WHO DO I CONTACT AS THE LEADER?</b>	<p>Depends upon the ability to work from home /reassignment.</p> <p>If there are no opportunities available on unit, contact the Workforce Reassignment Office (WRO) via email at <a href="mailto:COVIDWRO@hmhn.org">COVIDWRO@hmhn.org</a> to coordinate possible reassignment opportunities.</p>
<b>WHO IS COMMUNICATING WITH THE TEAM MEMBER?</b>	Leader

### HOW WILL I BE PAID?

<b>REGULAR PAY</b>	If continue to work, will be paid according to regular pay practices.
<b>NJ EARNED SICK LEAVE</b>	<p>Only if alternate work arrangements are NOT feasible.</p> <p>Cascade according to <a href="#">ESL Pay Practice</a> Rules/Banks.</p> <p>NOTE: Subject to change upon further guidance by Department of Labor.</p>
<b>PTO</b>	Cascade according to <a href="#">ESL Pay Practice</a> Rules/Banks.
<b>UNEMPLOYMENT</b>	Possibly apply for unemployment.

## HOW SHOULD THE LEADER PROCESS IN PAYROLL?

### **IF TEAM MEMBER CONTINUES TO WORK IN REGULAR CAPACITY:**

Leader enters time worked through normal process, adjusting for any shift in hours or schedule. If work from home arrangement is approved, non-exempt team members will need to clock in/out utilizing the online [web clock in MyWay-PeopleSoft](#).

### **IF TEAM MEMBER CONTINUES TO WORK BUT WILL SUPPORT ANOTHER DEPARTMENT (I.E. REASSIGNMENT):**

See applicable COVID-19 scenario for reassignment.

### **IF ALTERNATE WORK IS NOT FEASIBLE:**

Leader enters code = "SICK".

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## LOSS OF HOURS

A person who is losing hours because of a **reduction in force/hours** related to COVID-19.

### TEAM MEMBER – WHAT STEPS DO I NEED TO TAKE?

<b>WHO DO I CONTACT?</b>	Leader
<b>SHOULD I CONTACT THE HARTFORD?</b>	No
<b>WHAT ACTION DO I NEED TO TAKE?</b>	Speak with leader to discuss options. Be prepared to discuss: <ul style="list-style-type: none"><li>- Reassignment to another unit in either their current role or other capacity</li><li>- <a href="#">Work from home</a> in either their current job or support another function/unit</li><li>- Flexible work schedules (i.e. swap shifts or weekends)</li></ul>

### LEADER – WHAT STEPS DO I NEED TO TAKE?

<b>WHO DO I CONTACT AS THE LEADER?</b>	Depends upon the ability to work from home /reassignment.  If there are no opportunities available on unit, contact the Workforce Reassignment Office (WRO) via email at <a href="mailto:COVIDWRO@hmn.org">COVIDWRO@hmn.org</a> to coordinate possible reassignment opportunities.
<b>WHO IS COMMUNICATING WITH THE TEAM MEMBER?</b>	Leader

### HOW WILL I BE PAID?

<b>REGULAR PAY</b>	If team member continue to work, will be paid according to regular pay practices.
<b>PTO</b>	Only if alternate work arrangements are NOT feasible. Team member will be required to use any available PTO time from all PTO banks before going unpaid.
<b>UNEMPLOYMENT</b>	Possibly apply for unemployment.



### HOW SHOULD THE LEADER PROCESS IN PAYROLL?

#### **IF TEAM MEMBER CONTINUES TO WORK IN REGULAR CAPACITY:**

Leader enters time worked through normal process, adjusting for any shift in hours or schedule. If work from home arrangement is approved, non-exempt team members will need to clock in/out utilizing the online [web clock in MyWay-PeopleSoft](#).

#### **IF TEAM MEMBER CONTINUES TO WORK BUT WILL SUPPORT ANOTHER DEPARTMENT (I.E. REASSIGNMENT):**

See applicable COVID-19 scenario for reassignment.

#### **IF ALTERNATE WORK IS NOT FEASIBLE:**

Leader enters code = "PTO".

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## ACCOMMODATIONS FOR PRE-EXISTING CONDITIONS

A person who wants an accommodation because their health care provider says they are at greater risk due to a pre-existing condition.

### TEAM MEMBER – WHAT STEPS DO I NEED TO TAKE?

<b>WHO DO I CONTACT?</b>	Leader
<b>SHOULD I CONTACT THE HARTFORD?</b>	The Hartford (with medical documentation).
<b>WHAT ACTION DO I NEED TO TAKE?</b>	The HMH Accommodations team will contact the team member after all documentation is received to discuss next steps.

### LEADER – WHAT STEPS DO I NEED TO TAKE?

<b>WHO DO I CONTACT AS THE LEADER?</b>	The HMH Accommodations team will contact the leader after all documentation is received to discuss the accommodation request.
<b>WHO IS COMMUNICATING WITH THE TEAM MEMBER?</b>	The Hartford and/or the HMH Accommodations team.

### HOW WILL I BE PAID?

<b>REGULAR PAY</b>	If the team member continues to work, will be paid according to regular pay practices.
<b>NJ EARNED SICK LEAVE</b>	Only if alternate work arrangements are NOT feasible.  Cascade according to <a href="#">ESL Pay Practice</a> Rules/Banks. NOTE: Subject to change upon further guidance by Department of Labor.
<b>PTO</b>	Cascade according to <a href="#">ESL Pay Practice</a> Rules/Banks.
<b>DISABILITY</b>	As determined by The Hartford.
<b>UNEMPLOYMENT</b>	Possibly apply for unemployment.

### HOW SHOULD THE LEADER PROCESS IN PAYROLL?

#### **IF TEAM MEMBER CONTINUES TO WORK IN REGULAR CAPACITY:**

Leader enters time worked through normal process, adjusting for any shift in hours or schedule. If work from home arrangement is approved, non-exempt team members will need to clock in/out utilizing the online [web clock in MyWay-PeopleSoft](#).

#### **IF TEAM MEMBER CONTINUES TO WORK BUT WILL SUPPORT ANOTHER DEPARTMENT (I.E. REASSIGNMENT):**

See applicable COVID-19 scenario for reassignment.

#### **IF ALTERNATE WORK IS NOT FEASIBLE:**

Leader enters code = "SICK".

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## CARE FOR RELATIVE/LOVED ONE

A person who has to care for a relative or loved one with COVID-19 or COVID-19 symptoms.

### TEAM MEMBER – WHAT STEPS DO I NEED TO TAKE?

<b>WHO DO I CONTACT?</b>	Leader  Complete Family Leave Insurance (FLI).
<b>SHOULD I CONTACT THE HARTFORD?</b>	Contact The Hartford if out of work for greater than 3 days.
<b>WHAT ACTION DO I NEED TO TAKE?</b>	Apply for FLI following exhaustion of ESL.  Please contact The Department of Labor and Workforce Development with any questions.

### LEADER – WHAT STEPS DO I NEED TO TAKE?

<b>WHO DO I CONTACT AS THE LEADER?</b>	n/a
<b>WHO IS COMMUNICATING WITH THE TEAM MEMBER?</b>	The Hartford if greater than 3 days.

### HOW WILL I BE PAID?

<b>REGULAR PAY</b>	If the team member continues to work, will be paid according to regular pay practices.
<b>NJ EARNED SICK LEAVE</b>	Cascade according to <a href="#">ESL Pay Practice Rules/Banks</a> . See <a href="#">Family Member Disability Reference Guides</a> for full details.  NOTE: Subject to change upon further guidance by Department of Labor.
<b>PTO</b>	Cascade according to <a href="#">ESL Pay Practice Rules/Banks</a> . See <a href="#">Family Member Disability Reference Guides</a> for full details.
<b>NJ FAMILY LEAVE INSURANCE</b>	Following exhaustion of ESL, apply for NJ Family Leave Insurance (FLI).  NOTE: Subject to change upon further guidance by Department of Labor.
<b>UNEMPLOYMENT</b>	Possibly apply for unemployment.

### HOW SHOULD THE LEADER PROCESS IN PAYROLL?

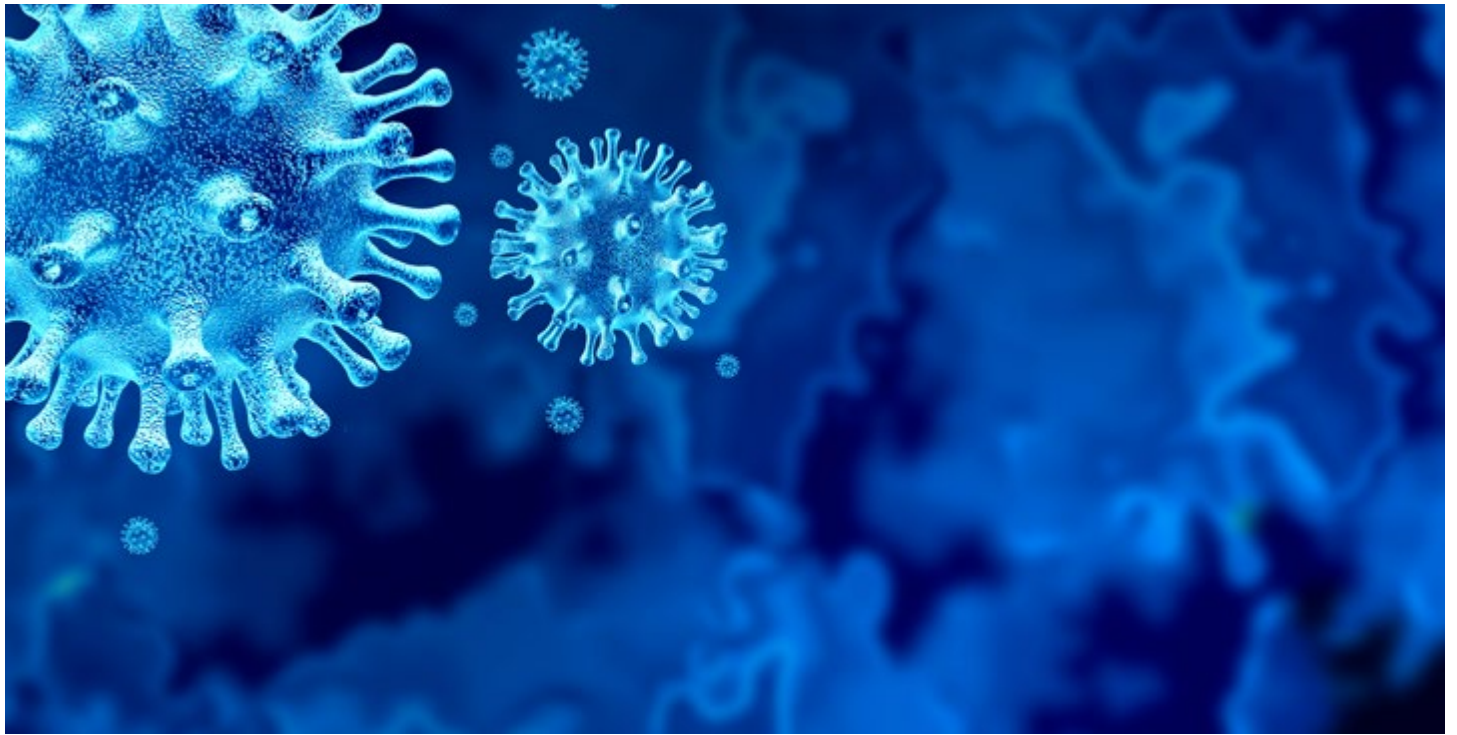
#### **IF TEAM MEMBER CONTINUES TO WORK IN REGULAR CAPACITY:**

Leader enters time worked through normal process, adjusting for any shift in hours or schedule. If work from home arrangement is approved, non-exempt team members will need to clock in/out utilizing the online [web clock in MyWay-PeopleSoft](#).

#### **IF ALTERNATE WORK IS NOT FEASIBLE:**

Leader enters code = "SICK".

*All of the information contained herein is subject to change as this situation evolves and governing bodies release additional guidance that impacts our policies and practices. The following pay practices do not apply to team members subject to the untracked PTO Program (i.e. Directors and above). Carrier Clinic is subject to the policies and practices of their local health care and leave providers. We will update the information contained herein accordingly.*



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