

CITY OF LOS ANGELES
DEPARTMENT OF WATER AND POWER
INTRADEPARTMENTAL CORRESPONDENCE

Date:

To:

From:

Subject: Paid Administrative Leave Memo – PAL

In compliance with the LADWP temporary policies in response to the COVID-19 pandemic, you are hereby placed on Paid Administrative Leave (PAL)¹ for the following:

Check all that apply:

- Employee tested positive for COVID-19. **[ISOLATE AT HOME]**²
- Employee self-reported COVID-19 or other flu-like symptoms (e.g., fever, chills, scratchy throat/coughing, congestion, headache), but has not tested. **[ISOLATE AT HOME]**³
- Employee was observed at work with symptoms or unable to clear self-screening checklist required for entry to any LADWP facility, but has not tested. **[ISOLATE AT HOME]**³
- Employee was in close contact to a confirmed positive COVID-19 case. **[QUARANTINE]**⁴
 - At work (identified through contact tracing)
 - Outside of work (self-reported)

¹ Each instance of PAL must be reported separately. With a few exceptions as approved by the Resource Office (RO), no employee can have more than 14 consecutive calendar days PAL. When an employee experiences multiple events requiring PAL exceeding 14 consecutive calendar days, additional days off will require the employee to use personal time, including Sick, Vacation, AU, No Shift-No Pay, etc.

² PAL due to a positive COVID-19 test is 14 days. The employee must notify the RO and obtain additional guidance determined appropriate by the RO. Return to Work is permitted 14 days after the date the positive test specimen was collected provided there has been no fever for at least 24 hours (without reliance on fever reducing medication) and steadily improving symptoms. Neither medical certification, negative test, nor RO clearance is required.

³ PAL due to symptoms or inability to clear self-screening is 7 days. Employee must notify RO and obtain additional guidance determined appropriate by the RO. Return to Work may be permitted as soon as day 8 provided the employee submits a negative PCR Test, has not experienced fever for at least 24 hours (without reliance on fever reducing medication), and symptoms steadily improve. In the event that symptoms persist, regardless of whether the employee tests negative or opts not to test, the employee must use personal time. If sick days are used, medical certification applies. In the event that the employee tests positive for COVID-19, the employee must notify the RO. Upon notification, the employee will be advised to remain isolated and PAL will be extended to 14 days.

⁴ PAL due to exposure (close contact) to a confirmed positive case is 14 days, vaccinated employees may be excluded if they meet specific criteria. The employee must notify the RO and obtain additional guidance determined appropriate by the RO. A COVID-19 Test is NOT required and a negative test result does NOT reduce the quarantine period. Subsequent exposure in the workplace may allow for a new PAL.

You are directed to comply with the following:

- ISOLATE AT HOME** (*tested positive*) for fourteen (14) days beginning
Your tentative return to work date is:

- ISOLATE AT HOME** (*self-reported/observed symptoms*) seven (7) days beginning
Your tentative return to work date is:

- QUARANTINE** (*close contact to positive case*) for fourteen (14) days beginning
Your tentative return to work date is:

Please provide the complete address (street number, city, state, zip) of your remote reporting location (i.e., home). NOTE: remote reporting location must allow response to your LADWP reporting location within two (2) hours when directed to do so:

Street address: _____

City: _____ State: _____ Zip: _____

By signing below, the employee agrees to the following:

- Remain at the provided remote reporting location and be available for contact or work assignments during working days and hours.
 - Remote reporting address must be at a location that allows you to respond to your LADWP work location within two hours if/when directed to do so.⁵

- During normal working hours, respond within 30 minutes to any telephone calls or email requests from your manager/supervisor (employees, otherwise engaged in a meeting or training, must respond within 30 minutes after completing the other work).
 - Telephone number: _____

- Return to work on the prescribed tentative Return to Work date if you have completed your:
 - Isolate at Home** period, have had no fever for at least 24 hours (without fever reducing medication), and your other symptoms are improving.
 - Reduced Isolate at Home** period; have provided a negative COVID-19 PCR Test, have had no fever for at least 24 hours, and your other symptoms are steadily improving.
 - Quarantine** period and have not developed any symptoms of illness.⁶
 - You shall contact the Resource Office (**213-367-4444**) immediately if you develop symptoms of COVID-19 or other flu-like symptoms during your Quarantine period.

⁵ Employees required to quarantine outside of the local area for any reason who cannot report to their LADWP work location within two hours cannot be placed on PAL and must use personal time.

⁶ Development of symptoms during the Quarantine period will change the directive from Quarantine to Isolate at Home and may affect (extend) the return to work date. Employees on quarantine must notify the RO immediately upon development of symptoms to receive further guidance.

- You shall not enter any LADWP worksite before your Return to Work date.
- You shall check in and out with your supervisor each day (except for ASDO) at the time(s) and in the manner prescribed by your manager/supervisor.
- You will receive your regular rate of pay during the PAL period. NO overtime shall be authorized during any PAL period.
- You may opt to use personal time in lieu of PAL for any reason, in which case this policy does not apply to you. If sick days are used, medical certification policy applies.
- If you fail to comply with the terms of this policy, you may be subject to disciplinary action.

Employee Signature

Employee ID Number

Date

If completed telephonically:

I certify that I have read, verbatim, the above directive to the employee and the employee has acknowledged understanding of the directive. Further, the employee has acknowledged understanding that the tentative Return to Work date is subject to change depending upon the employees' physical health/condition on that date.

Supervisor/Manager Signature

Printed Name

Date