



U.S. Department of Veterans Affairs

Veterans Health Administration
Kansas City VA Medical Center

4801 Linwood Boulevard
Kansas City, MO 64128
www.kansascity.va.gov

Memorandum

January 1, 2021

Authority to Approve or Disapprove Weather and Safety Leave (WSL)

As of December 31, 2020, the Emergency Paid Sick Leave Act ("EPSLA") enacted under the Families First Coronavirus Response Act ("FFCRA") was not extended. As we currently stand, VHA will not be mandated to provide Emergency Family and Medical Leave or Emergency Paid Sick Leave beginning January 1, 2021.

Effective immediately, the Associate Director and Assistant Director can; on a case by case basis:

- a. Approve or disapprove up to 80 hours of Weather and Safety Leave (WSL) due to incapacitation of employees that have been advised by a health care provider to self-quarantine related to COVID-19 or is experiencing COVID-19 symptoms and seeking a medical diagnosis.

Incapacitation is defined as an individual's physical inability to work, on-site or telework, to complete work assignments caused by significant physical ailment.

Employees should continue to follow established leave request policies and procedures. In addition, the current Employee Health Pandemic notification process remains unchanged. Supervisors should continue to alert Employee Health of employees with COVID symptoms or exposures.

Supervisors will utilize the process established for EPSLA to request WSL for their employees:

- 1) Employee completes the form (attached) and sends to their supervisor with supporting documentation.
- 2) The supervisor should review and indicate if the employee is incapacitated due to symptoms and is unable to work.
- 3) If the employee's status does not meet the definition above of incapacitation, the supervisor will review the employee's ability to telework. When reviewing, an employee is not required to have a telework agreement, only duties that can be performed via telework. Please see Non-Traditional Telework Duties at this [link](#).
- 4) The supervisor then sends the request form and supporting documentation to VHAKANHRLRER@va.gov HR determines if qualifying circumstances are met.



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- 5) Upon determination, HR will forward the request to the Associate and Assistant Director for final approval or disapproval of the request.
- 6) The form will then be returned to HR and Fiscal who will then forward to supervisor and timekeeper as appropriate.

Additional Questions:

For timekeeping / payroll questions, email the VHAKAN Payroll Liaison mailgroup.

For employee health questions, email VHAKAN EH Pandemic mailgroup.

For HR related and leave eligibility questions, email Daniel Karr; Daniel.Karr@va.gov



Weather and Safety
Leave Request.pdf

DAVID ISAACKS, FACHE
Director

Request for Weather and Safety Leave

EMPLOYEE TO COMPLETE

Name of Employee: _____ Position: _____

Service: _____ Supervisor Name: _____

Leave Start Date: _____ Leave End Date: _____

SECTION A: SELECT ONE:

- The employee has been advised by a health care provider to self-quarantine due to concerns related to COVID-19.
- The employee is experiencing symptoms of COVID-19 and is seeking a medical diagnosis.
a. If chosen, employee completes Section B.

SECTION B:

Date of COVID Test: _____ Date received results: _____

Was your COVID test positive? YES NO**

(**If no, Weather and Safety Leave will not be approved beyond the date the result was received.)

SECTION B: Employee Certification

I certify that the information provided on this form is true.

Employee Signature

Date

SUPERVISOR TO COMPLETE BELOW THIS LINE

- Recommend One:** Approval, Employee met the definition of incapacitation.
- Disapproval, Employee did not meet the definition of incapacitation and is able to telework.

Supervisor Signature: _____ Date: _____

HUMAN RESOURCES TO COMPLETE BELOW THIS LINE

- Recommend One:** Approval, Employee met the definition of incapacitation.
- Disapproval, Employee did not meet the definition of incapacitation and is able to telework.

Human Resources Signature: _____ Date: _____

ASSOCIATE/ASSISTANT DIRECTOR TO COMPLETE BELOW THIS LINE

SELECT ONE:

- Approved: Employee met the definition of incapacitation.
- Disapproved: Employee did not meet the definition of incapacitation and is able to telework.

Associate Director/Assistant Director Signature: _____

Date: _____