

THE NAVAJO NATION

JONATHAN NEZ | PRESIDENT MYRON LIZER | VICE-PRESIDENT



MEMORANDUM

TO : Division/Executive Directors, Department and Program Managers
EXECUTIVE AND LEGISLATIVE BRANCH

FROM : *Tomicita Woodie*
Tomicita Woodie, Human Resources Director
Department of Personnel Management

DATE : January 12, 2022

SUBJECT: AMENDED COVID-19 LEAVE PROCEDURES

Attached for immediate implementation and use are the amended COVID-19 Leave Procedures which provide guidelines for programs when addressing COVID-19 leave requests for employees who are in need of personal leave due to COVID-19 to care for themselves or a family member, or to be away from the worksite as required by his or her supervisor in accordance with the Navajo Nation Personnel Policies Manual (NNPPM) and the COVID-19 Leave Procedures.

The amendments include the incorporation of the current guidelines for isolation and quarantine along with definitions. Supervisors and program managers are required to refer to their respective Navajo Nation Branch Worksite Safety Guidelines to learn about worksite precautions. Also, to remain current on COVID-19 relating to the duration and procedures for isolation and quarantine refer to the Navajo Health Command Operation Center (NHCO) at <https://www.ndoh.navajo-nsn.gov/COVID-19/Isolation-and-Quarantine>. For additional information visit the Centers for Disease Control and Prevention webpage.

Also, attached are updated Sample memorandum: Employee's Request for COVID-19 Leave; Sample memorandum Supervisor's Request to Employee to be Away from the Workplace; Supervisor's Request to Place Employee on COVID-19 Leave; Navajo Nation Medical Records Disclosure Authorization Form; and a COVID-19 Leave Checklist to assist you in ensuring that all necessary documentation is attached prior to submitting the request for processing.

Should you have any questions, please contact Traci Shortey at (928) 871-7419. Thank you.

CONCURRED:

A handwritten signature in black ink, appearing to read "Perphelia", followed by a stylized flourish.

Dr. Perphelia Fowler, Division Director
Division of Human Resources

XC: Paulson Chaco, Chief of Staff, OPVP
Sherylene Yazzie Chief of Staff, LB
Dr. Perphelia Fowler, Division Director, DHR
File

DEPARTMENT OF PERSONNEL MANAGEMENT
P. O. BOX 7080, WINDOW ROCK, ARIZONA 86515
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**PROCEDURES
EXECUTIVE AND LEGISLATIVE BRANCHES
DEPARTMENT OF PERSONNEL MANAGEMENT**

SECTION:	LEAVE ADMINISTRATION	NO. 20-X-006
SUBJECT:	COVID-19 LEAVE PROCEDURES	RELEASE DATE: 8/31/2020
CROSS REFERENCE:	Navajo Nation Personnel Policies Manual (NNPPM), Section X. Leave Administration, B.3.h. COVID-19 Leave	REVISION DATE: 01/12/2022
REVIEW:	DEPARTMENT OF JUSTICE REVIEW	DOJ REVIEW DATE: 01/12/2022

PURPOSE

To provide guidelines for programs when addressing COVID-19 leave requests for employees who are in need of personal leave due to COVID-19 to care for themselves or a family member, or to be away from the workplace as required by his or her supervisor pursuant to the COVID Leave Policies in the Navajo Nation Personnel Policies Manual.

APPLICABILITY

These procedures apply to all employees regardless of length of services with the Navajo Nation Executive and Legislative Branches, with the exception of program participants, board, commission and committee members.

DEFINITIONS

Family member: For purposes of these procedures, a family member is defined as an employee's spouse, children or parent.

Healthcare provider: A medical or healthcare professional, e.g., physician, nurse, public health nurse.

Isolation: Separation of a confirmed or possible case from those who are not infected to prevent the spread of the communicable disease. Isolation for public health purposes may be voluntary or compelled by a public health order.

Quarantine: The separation of a close contact from others who have not been exposed to prevent the possible spread of the communicable disease. Quarantine may be voluntary or compelled by a public health order.

PROCEDURES

The following procedures shall be utilized when addressing COVID-19 Leave requests.

1. An employee may request COVID-19 leave under the following circumstances:
 - a. Category a - When a family member has tested positive for the COVID-19 virus and requires assistance from the employee.
 - b. Category b - When the employee has tested positive for the COVID-19 virus.
 - c. Category c - When the employee is required by his or her supervisor to be away from the workplace due to:
 - i. Exposure to an individual who has tested positive or is suspected to be positive for COVID-19, or
 - ii. If the employee shows symptoms consistent with COVID-19 virus.
2. Supervisors and program managers are required to refer to the Navajo Nation Branch COVID-19 Worksite Safety Guidelines to learn about worksite precautions. To remain current on COVID-19 relating to the duration and procedures for isolation and quarantine refer to the Navajo Health Command Operations Center at <https://www.ndoh.navajonnsn.gov/COVID-19/Isolation-and-Quarantine>. For additional information visit the Centers for Disease Control and Prevention webpage.
3. The request must be made in writing for a specified period of time and submitted to the employee's supervisor. If the employee is incapacitated or restricted due to illness, an authorized family member may submit the request for the employee.
4. All leave requests shall be accompanied by appropriate documentation, as follows:
 - a. For category a and b, the employee must submit official documentation from a healthcare provider, which may include a provider's note or document from a hospital or other testing facility showing a positive COVID-19 test for the employee or family member.
 - b. For category a, the employee must also submit a written document describing the assistance needed by the family member, and why that assistance cannot be provided by others.
 - c. For category c, the employee must submit a written memorandum from his or her supervisor or program manager that requires the employee to be away from the workplace and identifies the amount of time the employee must be away. If the employee's exposure happened outside the workplace, the employee must submit a provider letter documenting quarantine recommendations.
 - d. When requesting COVID-19 leave, the employee must sign a release form to allow the supervisor to verify COVID-19 status with the employee's healthcare provider. This information shall be handled in accordance with the Navajo Nation Privacy Act.
 - e. If proper documentation is submitted, the supervisor cannot deny the leave within the maximum 120 work hours. The supervisor may limit the duration of the leave to less than the 120 maximum, in consultation with the employee and the employee's healthcare provider as consistent with the Navajo Health Command Operations Center guidelines.

- f. If COVID-19 leave is granted, prior to the end of an approved COVID-19 leave, an employee must provide the following documentation in order to return to work;
 - i. a clearance letter from a healthcare provider or documentation showing a negative test result. Both laboratory and home tests are acceptable to end isolation. Pictures, screenshots, or a hard copy of the clearance letter or test results meet this requirement.
 - ii. In the event that the employee is unable to obtain written documentation from his or her healthcare provider regarding their test result, the employee shall write a verification memorandum attesting to the verbal notification received from the healthcare provider or testing facility regarding his or her test result.
5. Upon obtaining the supervisor's approval, the supervisor or program manager shall forward the leave request and supporting documents to DPM for appropriate action and update in HRIS.
6. DPM will make necessary updates to HRIS (i.e., Leave Begin and Leave End Date to reflect the Effective Date and the Not to Exceed (NTE) date) based on documents submitted to DPM by the program.
 - a. Once the COVID-19 Leave time period have been completed, the employee information will be updated to reflect End of COVID-19 Leave.
 - b. A PAF for Start of COVID-19 Leave and an End of COVID-19 Leave will be generated and processed by DPM to ensure confidentiality. This will be strictly for records purposes and will be maintained by DPM.
7. All requests for leave, including all supporting documentation submitted by an employee must be kept confidential, and the information related to the reason for leave will be restricted to other Navajo Nation employees with a need to know to process the leave, including the employee's supervisor, the Program Manager and the Department of Personnel Management.
8. COVID-19 leave is paid leave and will be coded as Administrative Leave on the timesheet and will be not be charged to the employee's accrued annual or sick leave.
9. Misuse of COVID-19 leave or falsification of documents will result in disciplinary action, up to and including termination.
10. A violation of the confidentiality requirement in Subsection 7 by any employee of the Navajo Nation is a violation of the Navajo Privacy Act, 2 N.N.C. §§ 91 and 92, and can result in civil and criminal penalties. Such violation may also result in discipline of the employee by his or her supervisor.

REQUIRED FORMS

Written Request to Supervisor for COVID-19 Leave
Memorandum from Supervisor
Medical Documentation from Medical Provider

THE NAVAJO NATION

JONATHAN NEZ | PRESIDENT MYRON LIZER | VICE-PRESIDENT



MEMORANDUM

TO : Tomicita Woodie, Human Resources Director
Department of Personnel Management

SAMPLE

FROM : _____
Supervisor Name, Job Title
Department Name

DATE :

SUBJECT : **Covid-19 Leave**

Please accept this memorandum in support of (Employee Name) to be placed on COVID-19 Leave as a result, of _____

The COVID-19 Leave starting date (Begin Date) to (End Date). The employee is approved for Number of Hours.

If you have any questions I can be reached at (XXX)- XXX-XXXX or by email at (email address).

Attachments: Written Request to Supervisor for COVID-19 Leave
Medical Documentation from Medical Provider

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MEMORANDUM

TO : Supervisor Name, Supervisor Title
Department Name

SAMPLE

FROM : _____
Employee Name, Job Title
Department Name

DATE :

SUBJECT : **Request for COVID-19 Leave**

Pursuant to NNPPM, X.B.3., I am requesting COVID-19 Leave for the (Begin Date) to (End Date) under the following category: ***Check appropriate and initial.***

_____ Category a- When a family member has tested positive for the virus and requires assistance from the employee.

- ☐ Attach official medical documentation indicating employee is caring for family member with COVID-19.

_____ Category b- When the employee has tested positive for the virus.

- ☐ Attach official medical documentation showing positive COVID-19 test.

I understand upon my return to work I will need to provide a clearance letter from a healthcare provider or a statement attesting to the verbal notification received from the healthcare provider or testing facility.

If you have any questions I can be reached at (XXX)- XXX-XXXX.

APPROVAL:

Supervisor Name, Title
Department Name

Attachments: Memorandum from Supervisor
Medical Documentation from Healthcare Provider

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MEMORANDUM

TO : Employee Name, Job Title
Department Name

SAMPLE

FROM : _____
Supervisor Name, Job Title
Department Name

DATE :

SUBJECT : **COVID-19 Leave**

Pursuant to NNPPM, X.B.3.h.1.c., you are being placed on COVID-19 leave and required to be away from the workplace due to the following: ***Check appropriate and initial.***

- ____ i. Exposure to an individual who has tested positive or is suspected to be positive for COVID-19,
or
____ ii. You are showing symptoms consistent with COVID-19.

You will be placed on COVID-19 Leave starting (start date) to (End Date).

Please proceed to a medical facility for COVID-19 testing and self-monitoring for symptoms consistent with COVID-19. You are required to maintain communication with your immediate supervisor on your status and provide an update of medical documentation related to COVID-19 testing date and results.

Should you require additional information, I can be reached at (XXX)- XXX-XXXX.

Attachments: Medical Documentation from Healthcare Provider



NAVAJO NATION MEDICAL RECORDS DISCLOSURE AUTHORIZATION FORM

Authorization form Disclosure of Information: I voluntarily consent to authorize my health care provider: _____ (Insert Name), disclose my health information during the term of this Authorization to the recipient(s) that I have identified below.

Recipient: I authorize my health care information to be released to the following recipient(s):

Name: _____

Address: _____

Purpose: I authorize the release of my health information for the following purpose:

(Note: "at the request of the patient" is sufficient if the patient is initiating the Authorization.)

Information to be disclosed: I authorize the release of the only the following records or types of health records pertaining to:

Term: I understand that this Authorization will remain in effect:

- ☐ From the date of this Authorization until: _____
- ☐ Until the provider fulfills this request.
- ☐ Until the following event occurs: _____

Redisclosure: I understand that my health care provider cannot guarantee that the recipient will not redisclose my health information to a third party. The Third Party may not be:

Employee Name (print): _____

Signature/Date: _____

NAVAJO NATION COVID-19 Leave Checklist

Employee's Name: _____ Date: _____

Department/Program: _____ Job Title: _____

Supervisor: _____

Reason for Request	Required Documentation
<input type="radio"/> Employee Tested Positive	<input type="radio"/> Employee's written leave request with beginning and ending date, including the number of hours. <input type="radio"/> Official medical document from a medical provider or testing facility showing a positive COVID-19 test for employee. <input type="radio"/> Written verification from employee attesting to the verbal notification received from medical provider or testing facility regarding test result, if unable to obtain from medical provider or testing facility. <input type="radio"/> Disclosure Authorization Form <input type="radio"/> Essential program designation issued by Division Director
<input type="radio"/> A Family Member Tested Positive and requires Employee's Assistance. <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent	<input type="radio"/> Employee's written leave request with beginning and ending date, including the number of hours. <input type="radio"/> Official medical document from a medical provider or testing facility showing a positive COVID-19 test for family member. <input type="radio"/> Written document describing the assistance needed by the family member and why the assistance cannot be provided by others. <input type="radio"/> Essential program designation issued by Division Director
<input type="radio"/> Supervisor Requiring Employee to be away from the work place	<input type="radio"/> Written memorandum from supervisor to employee requiring employee to be away from the work place for a specified amount of time (beginning date and ending date).

Leave Start Date:		Leave End Date:	
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REVIEW
<input type="radio"/> Employee is eligible and all required documents are attached. <input type="radio"/> Employee is ineligible due to the following reason(s): _____ _____

REVIEWED BY:		DATE:	
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