

Sample notice to employees related to changing work schedule (3/24/20)

Date: [date]

To: [employee group name]

From: [name], [title]

Cc: [supervisor(s) name], [title(s)]

Re: Notice of Scheduling Changes for [facility or employee group name]

The world health community continues to monitor closely the emergence of the SARS-CoV-2 virus and the disease it causes, named "coronavirus disease 2019" (COVID-19). At this time, no one knows how severe this outbreak will be, but there are now hundreds of known cases of it in Minnesota. Local, state and national emergencies have been declared relating to COVID-19. Specifically, [cite to local, state, and/or federal order triggering scheduling change] states: “[quote relevant language].” As a result, [state impact on facility and/or employees, e.g., the municipal bar must be closed, [employer name] has closed [name facilities] to the public, or employees cannot report to work to perform nonessential functions]. In addition, [employer name] is required to maintain a safe workplace and take steps to reduce the transmission of COVID-19 in the workplace and community.

Based on these actions, along with extensive review, consideration, consultation, and discussion internally and externally, you are hereby notified that work schedules will be as follows, effective [date] until [at least [date] OR you are otherwise notified], for [describe group of employees]: [list days and hours]. [describe how employees will be assigned schedules].

Here is some additional information that may assist you with this transition:

[Optional: Paid Leave]

1. You [may use any accrued, but unused paid leave time OR you will be deemed on paid administrative leave] for the hours worked less than your regular hours to be paid for such time [if allow use of paid leave - in the following order (i.e., you may use the subsequent leave once the preceding leave is exhausted): [specify leave order, e.g., vacation, compensatory time, and sick leave].
2. [Optional if allow use of paid leave - If an employee’s paid leaves are exhausted, the employee may be paid for up to 80 hours of time off from work prorated based on the employee’s normal work schedule.
3. Any time off paid when paid leaves are exhausted will be deducted from all of the employee’s future accruals of paid leave time until such time deducted equals the time off paid after paid leaves were exhausted. After all such time is deducted, the employee will be credited with their paid leave accruals.
4. Employees will be required to request to be paid for time off if the employee’s paid leaves are exhausted in writing and such time must be approved by the [Department Director, Human Resources, and/or [employer name] Administrator/Manager.]]

Group Insurance Benefits

[If remain eligible - You will remain eligible for your current group (medical, dental, and life) insurance, but since you will not be paid through payroll after the next payroll, you must submit payment for your portion of group insurance as follows: [include specific instructions, including deadline. OR If not remain eligible - You may be eligible to extend your current group (medical, dental, and life) insurance coverage for a period of up to 18 months through the Consolidated Omnibus Budget Reconciliation Act (COBRA) and state law. If applicable, appropriate COBRA documentation will be provided to you.]

Unemployment Insurance

There are two ways to apply for Minnesota unemployment insurance benefits or otherwise find out more information about unemployment insurance benefits: online at www.uimn.org or phone at 1-877-898-9090 or TTY (for the hearing impaired) at 1-866-814-1252.

Public Employees Retirement Association (PERA)

For questions regarding PERA benefits during this time, you can contact PERA toll free at 1-800-652-9026. Information and PERA forms are also available online at www.mnpera.org.

Employee Assistance Program

[employer name] participates in an Employee Assistance Program (EAP) through [company name], [company address]. EAP is a work-based intervention program designed to identify and assist employees in resolving personal problems. Please do not hesitate to use the services available through the EAP by contacting an [title of contact at company] by phone at [company phone] or by email at [company email address].

Other Public Support Programs

You may eligible for additional public support programs. To find out what programs you may be eligible for and how to apply for such programs, you can go to the website of Bridge to Benefits at <http://mn.bridgetobenefits.org/>. Bridge to Benefits is a multi-state project that links individuals and families to public support programs and tax credits.

Questions and Assistance

Any questions that you may have or assistance required regarding the foregoing should be directed to [employee name], [employee title], by phone at [phone], email at [email], or in person.

Nothing in this course of action or letter creates or is intended to create: (1) an express or implied contract, covenant, promise or representation between you and [employer name]; (2) any guarantee of continued employment with [employer name] or hours of work; or (3) any precedent or practice of [employer name]. This course of action is based on your circumstances

as they exist as of the date of this letter. [employer name] may change, supplement, and/or eliminate any items or your employment status at its sole discretion as permitted by law or contract.

[employer name] regrets this decision, but it appreciates your service for [employer name] and hopes that it can return to normal operations, at some point.