

Forest Lake Hockey Association

Earned Sick and Safe Time (ESST) Policy

Forest Lake Hockey Association (“FLHA”) provides Earned Sick and Safe Time (“ESST”) to ensure all employees can address their own health and safety needs and the health and safety needs of their family members as well as work and school closures that prevent employees from being able to work.

Eligibility Requirements

ESST is a form of paid leave required by Minnesota Law. Employees are eligible to receive ESST if they currently, or are anticipated to, work in Minnesota for at least eighty (80) hours in a calendar year. This includes part-time and temporary work.

Accrual Method

Employees begin accruing ESST on their first day of employment and accrue at the rate of one (1) hour for every thirty (30) hours worked up to a maximum of forty-eight (48) hours a year. At the end of the calendar year, up to eighty (80) hours of ESST may be rolled over into the next year. Any accrued ESST over eighty (80) hours will be forfeited at the end of the calendar year. Once an employee accrues eighty (80) hours of ESST, ESST will cease to accrue until the accrued amount is lower than eighty (80) hours. **ESST does not accrue while using ESST or during any other paid or unpaid leave.**

ESST hours do not count as hours worked for purposes of overtime calculations.

Using ESST

ESST can be used for a wide variety of reasons. For purposes of determining ESST, the accrual year begins on January 1 and ends on December 31.

Available ESST hours, as well as those that have been used in the most recent pay period, are indicated on employee earnings statements that employees receive at the end of each pay period (“pay stub”). ESST is paid at an employee’s regular hourly rate.

There is no waiting period to use ESST, however, an employee must have accrued ESST in their account to be able to use it. ESST must be used in fifteen (15) minute increments.

Acceptable Uses

Per Minnesota law, ESST can be used for:

- An employee’s mental or physical illness, treatment, or preventive care

- The mental or physical illness, treatment, or preventive care of an employee's family member
- Absence due to domestic abuse, sexual assault, or stalking of an employee or their family member
- Making arrangements for, or to attend, funeral services or a memorial, or to address financial or legal matters arising from a family member's death
- Closure of an employee's workplace due to weather or public emergency or closure of their family member's school or care facility due to weather or public emergency
- The employee or their family member is at risk of infecting others with a communicable disease (as determined by a health authority or health care professional)

See section [181.9447](#), subdivision 1 of the Minnesota Statutes or this summary from the [Minnesota Department of Labor & Industry](#) for a more detailed list of permitted uses for ESST. Additionally, information on who is included in the definition of a family member can be found in [Minn. Stat. § 181.9445, sub 7](#).

Notification and Documentation

If an employee plans to use ESST for an appointment, preventive care, or another permissible reason for which advance planning is required, they should inform their supervisor as soon as practical by text, phone, email, or other agreed upon communication at least seven (7) days in advance, or as far in advance as possible.

In situations where the need is unforeseeable and advance notice is not possible, FLHA requires employees to give reasonable notice of the need for ESST. FLHA has interpreted reasonable notice to be at least one (1) hour, or as soon after one (1) hour as possible, prior to the start of the employee's next shift for an employee to contact their supervisor by text, phone, email or other agreed upon communication once they know they will be unable to work.

Although not required, employees may find a replacement for their shift when using ESST, and they may use ESST for all or part of a shift, depending on their needs.

Documentation supporting the reason for use of ESST may be required if an employee uses it for more than two (2) consecutive scheduled work days. If the employee or employee's family member did not receive services from a health care professional, or if documentation cannot be obtained from a health care professional in a reasonable time or without added expense, then a written statement from the employee indicating that the employee is using, or used, ESST for a qualifying purpose may suffice. For absences related to domestic abuse, sexual assault, or stalking, an employee's written statement may suffice if documentation cannot be obtained in a reasonable time or without added expense. See [181.9447](#), subdivision 3 of the Minnesota Statutes for a more detailed list of the documentation that may be required.

Termination/Separation

Unused ESST will not be converted to a cash payout at termination or separation.

Anti-Retaliation, Right to File Complaint

FLHA has a strict policy against retaliation for requesting to use, or using, ESST benefits, and an employee has the right to file a complaint with the Minnesota Department of Labor and Industry and/or bring a civil action if they believe they have been unfairly denied or retaliated against for requesting or using ESST.

For More Information

Contact the Minnesota Department of Labor and Industry's Labor Standards Division at (651) 284-5075 or esst.dli@state.mn.us, or visit the department's earned sick and safe time webpage at <https://www.dli.mn.gov/sick-leave>.

Alternate Languages

An employee should contact their supervisor if they would like to view a version of this policy in an alternate language.

[SIGNATURE PAGE IMMEDIATELY FOLLOWS]

Acknowledgment

My signature below acknowledges that I have received a copy of Forest Lake Hockey Association's Earned Sick and Safe Time Policy. I agree to read, understand, and adhere to this policy and acknowledge that FLHA may modify or terminate this Earned Sick and Safe Time Policy at any time to the extent modification or termination aligns with statutory requirement. I also understand that if I have questions regarding the contents of this policy, I should ask my supervisor, the Gambling Manager, or the Board President for clarification.

Signature: _____

Printed Name: _____

Date: _____