

WORKPLACE PARTNERSHIP GROUP
—Ninth Business Meeting—
Monday, February 25, 2016; 2:00 p.m.
Minneapolis City Hall – Room 319

* * * * *

1. Call to Order

The Chair called the meeting to order at 2:08 p.m. The following members were found to be in attendance:

Attending: Susie Brown; Steve Cramer; Liz Doyle; Faisal A. Mohamud Deri; Brian K. Elliott; Dayna Frank; Stephanie Gasca; Molly Glasgow; Chelsie Glaubitz Gabiou; Ron Harris; Christopher Carl Pennock; Guillermo Alexander Lindsay; Tony Lacroix-Dalluhn; Wade Luneburg; Bruce Nustad; Jim Rowader; and Danny Schwartzman [See attached attendance sheet]

The following staff members were also present: Nuria Rivera-Vandermyde; Luke Weisberg; Casey Carl; Susan Trammell; and Sasha Bergman.

2. Acceptance of Minutes – Seventh Business Meeting: February 22, 2016

On motion by Elliott, the minutes of the Eighth Business Meeting conducted Monday, February 22, 2016, were approved.

3. Report from the Chair

A. Correspondence

Packets of correspondence that had been received via the WPG website as well as from feedback at the various community-based listening sessions were compiled and distributed to members. Mr. Weisberg suggested that members review that commentary in comparison to the summary sheet previously distributed to ensure that the summary document captured the major themes and key points gathered from the community related to a proposed municipal policy on paid sick time. [See attached packet of WPG Correspondence].

4. Unfinished Business

A. Review of key decision points and/or recommendations where consensus has been reached on elements related to scope, usage, accrual mechanism(s), and monitoring, enforcement, and implementation

Members reviewed outstanding points under identified policy elements (categories) and provided feedback as to preferred options to be included in a draft report, reflected in blue highlights [See attached WPG Detailed Policy Decision Outline dated February 25, 2016]. Mr. Weisberg sought clarification and consensus on various issues, which were discussed by members.

Cramer and Nustad introduced a counter-proposal for consideration which focused on the creation of a multi-member partnership composed of representatives from the City Government, local employers, and community stakeholders (including employees/employee representatives) that would provide shared oversight of a municipal policy on paid sick-time leave. This proposal was based on the successful Clean Energy Partnership, the first of its kind in the nation which was created in Minneapolis to bring the City Government, utilities, and interested community stakeholders together in addressing clean energy goals articulated by the City of Minneapolis. For details on the Clean Energy Partnership, see the website at: <http://mplscleanenergypartnership.org/>. A copy of the Cramer/Nustad proposal is appended hereto for reference.

Following discussion, Mr. Weisberg indicated that he would incorporate the feedback provided—which satisfied a majority of members, indicated by consensus—in a first draft report which would be submitted for review and comment. That first draft of the Workplace Partnership Group Report would be the focus of the next regular business meeting, scheduled for Wednesday, March 9, 2016, beginning at 3 p.m. at City Hall.

B. Schedule Review

The Chair reminded members there were two regular business meetings remaining in the schedule; those meetings were set for Wed., March 9, at 3 p.m., and Mon., March 14, at 3:30 p.m. Staff had previously sent calendar invites to hold those dates/times on members' calendars. The goal was to review a draft report at the March 9 meeting, giving all members a final opportunity to provide constructive criticism and feedback on specific policy recommendations and overall content. Staff would have a final version of the report ready for review prior to the final meeting set for March 14, with the understanding that a formal vote would be taken on the report at that time. The WPG would then formally present its report with policy recommendations to the City Council's Committee of the Whole at its regular meeting on Wed., March 16, at 10 a.m.

5. Adjournment

With no further business to be presented, the meeting adjourned at 4:13 p.m.

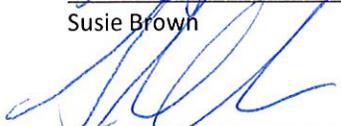
Workplace Partnership Group

ATTENDANCE SIGN-IN SHEET Thursday, February 24, 2016





Susie Brown



Steve Cramer



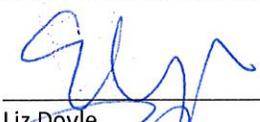
Molly Glasgow



Christopher Carl Pennock



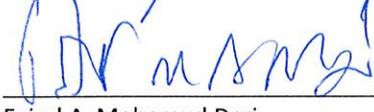
Guillermo Alexander Lindsay



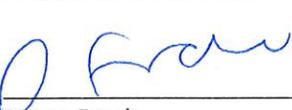
Liz Doyle



Ron Harris



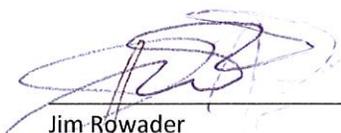
Faisal A. Mohamud Deri



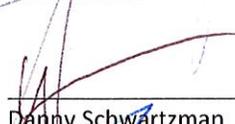
Dayna Frank



Tony Lacroix-Dalluhn



Jim Rowader



Danny Schwartzman



Brian K. Elliott



Chelsie Glaubitz Gabiou



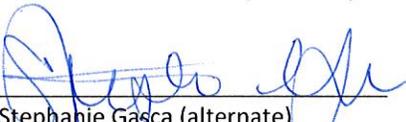
Wade Luneburg



Bruce Nustad (alternate)



Sarah Webster Norton (alternate)



Stephanie Gasca (alternate)



Abdirahman Kahin (alternate)

From: [Andrea Jung](#)
To: [WRP-Staff](#)
Subject: City Sick Leave Ordinance
Date: Wednesday, February 17, 2016 2:16:45 PM

To whom it may concern;

As a board member for The Minnesota HomeCare Association (MHCA) would like to reiterate comments regarding the proposed sick leave in the City of Minneapolis. Below is a summary of our concerns and how this will significantly impact home care agencies serving the Minneapolis area in a negative way. Most agencies are already fighting financial constraints to meet all state and federal regulations. Adding additional back office burdens to monitor employees who have worked only 80 hours in one year could squander valuable resources.

- We do not consider employees being eligible for sick leave when working just 80 hours per year to be acceptable. We are not aware of any precedence for providing sick leave for individuals working just 2 weeks a year.
- MHCA is very supportive of increased wages and benefits for the staff that provide these critical services to our family and community members, as these staff are providing a very valuable service and should be recognized for their hard work. Unlike many other industries, most of our providers are paid by insurance companies or through government programs and are not able to increase their rates to cover the additional cost for increased wages or benefits.
- Of the government programs, many services are covered by Medical Assistance, a state regulated program, which requires consistency across the state. Has consideration been given for how a city ordinance could or could not trump the state Medicaid laws, and/or the complications of how these would intersect (particularly if we go down the road of different cities having different requirements in this area)?
- Home Care providers are providing sick leave for full time employees and often for half time employees. That being said, we estimate that approximately 15-20% of home care workers are not currently eligible for sick leave and counted on are to meet the needs of our older and disabled population. Home care workers consist of Registered Nurses, Physical Therapists, Occupational Therapists, Speech Therapists, Social Workers, Home Health Aides, Homemakers and Personal Care Attendants. A patient receiving home care services may indeed have two or three different types workers in their home at a given time. Adding a requirement to offer sick leave to all employees, including casual workers, will have a financial impact on the home care industry, as well as impact access to services for your residents.
- In the home care industry employees are providing care for individuals in various areas (could be up to 30 -60 counties within the State) so tracking time an employee spends in individual cities (and or zip codes) will be a complex, administrative burden.
- Have you considered how this will impact service delivery for your Minneapolis residents? As compassionate as home care providers are, agencies may choose not to serve people in Minneapolis simply because they can't

afford to do so, thus impacting access to care.

- As organizations that are trying to provide the same high quality services to Minnesotans regardless of what city they live in, the homecare community believes there are technical/operational questions that need to be answered and thought through for this proposal to be implemented successfully.

Respectfully submitted,

Be Compassionate. Be Accountable. Be Respectful. Be Excellent!

Andrea Jung, OTR/L

President & CEO

Guardian Angels Elim Home Care and Hospice

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Cell 763-242-2369

Email ajung@gaehc.org

www.gaehomecarehospice.org

Guardian Angels † Elim
**HOME CARE
& HOSPICE**

CARING HEARTS ♥ CARING HANDS

CONFIDENTIALITY NOTICE:

This message (including any attachments) may contain confidential client information. The information is intended only for the use of the individual or entity to whom it is addressed. If you're not the addressee or the employee or agent responsible to deliver this e-mail to its intended recipient, you are hereby notified that any review, use, dissemination, distribution, disclosure, copying or taking of any action in reliance on the contents of this information is strictly prohibited. **If you have received this communication in error, please notify the sender immediately, delete this message from your computer and ask your network administrator to delete it from any storage or back up files.**

Menshek, Peggy Y

m: no-reply@minneapolismn.gov
Sent: Thursday, January 14, 2016 11:08 AM
To: Carl, Casey J.; Menshek, Peggy Y; Hanson, Jackie A.
Subject: Workplace Partnership Public Comment Form

City of Minneapolis

Name * Cheryl Moeller
Email cheryl@hightechkids.org
Address 111 3rd Avenue South
City Minneapolis
State MN
Zip 55401

Comment * I was unable to attend the listening session today. I had it on my calendar, but our non-profit has our largest event of the year on Saturday, and I just did not have the time to attend. What I wanted to know and share: 1) If a non-profit offers PTO, would they be exempt from this required sick time provision? 2) Are they considering an exemption for small non-profits? 3) As a small non-profit (2 full-time and 3 part-time employees) this requirement is an added financial burden to us. We currently do not offer benefits to our employees. Our employees can take time off if they are ill, they can also work from home if they are ill, but I would need to increase our fundraising to cover this added benefit. (And it is not a compelling reason for our donors to contribute, just to make one specific cities regulation.) 4) When my lease is up for renewal, I would strongly consider moving to any of the neighboring suburbs or St. Paul. There may be other requirements that will be forced upon us from Minneapolis and I can't risk wasting time or money meeting their specific requirements. 5) We are a small non-profit. There are many others that do our type of work throughout the world, most of those folks are not paid at all. We have worked hard to increase our funding so we can have paid staff, but our former volunteers work at our non-profit, not because of the amazing benefits, but because they believe in our mission. It is a long term goal of our Board of Directors to be competitive on salaries and benefits, but we are more like a "start up" than a large organization. We cannot do our mission (to serve over 6,300 Minnesota students) and have top of the line benefits. This is no different than any of the other non-profits in our size in Minnesota, most do not offer any benefits whatsoever. 6) I do believe that large non-profits that have hundreds of staff should offer some sort of paid time off (and they need to to be competitive in their hiring), but this is a huge burden on tiny non-profits that do not have the accounting, human resources, or staff to implement this change. 7) Please consider an exemption for non-profits that employ few staff, as these are the social entrepreneurs of making change for our city and Minnesota or have a budget income requirement for this forced benefit.

This is an email generated from the City of Minneapolis website. * Required fields are indicated with an asterisk.

From: no-reply@minneapolismn.gov
To: [Carl, Casey J.](#); [Menshek, Peggy Y.](#); [Hanson, Jackie A.](#)
Subject: Workplace Partnership Public Comment Form
Date: Wednesday, January 27, 2016 5:05:37 PM

City of Minneapolis

Name * Connie Menne
Email connie.menne@thementornetwork.com
Address 6600 France Avenue S #500
City Minneapolis
State MN
Zip 55435

Comment * January 27, 2016 Dear Workforce Partnership Group Members, We appreciate the City of Minneapolis Workplace Partnership Group's willingness to listen to concerns of Minneapolis employers and applaud the request for feedback. The purpose of this letter is to share our company's current paid time off (PTO) practice, highlight concerns and provide recommendations about a potential city ordinance for mandated sick time. Who we are? REM Hennepin is a county-wide provider of services to individuals with disabilities. We currently support 69 individuals residing in 13 homes within the city of Minneapolis. These homes are staffed 24 hours a day, 7 days a week and 365 days a year. In Minneapolis, we have 100 employees supporting some of the city's most vulnerable citizens. These programs are small efforts. Staffing at each home often consists of one to two employees and the individuals residing in the home rely on these employees to meet their basic needs. These are not large programs with staff easily reassigned and moved around. Who do we support? The individuals we support need help in order to live successfully in the community and have various disabilities, including developmental and physical disabilities, mental illness, brain injuries and autism. Many of these individuals also need staff to support them with physical cares, such as bathing and grooming; mobility within their own home and the community, relying on walkers and wheel chairs for movement; and health/behavioral self-management relying on staff for medication administration and health care navigation. How our services are paid? The payment rates we receive are set by and come entirely from government – principally through Medical Assistance/Medicaid. As such, rates are paid through the state Medical Assistance program and thus, are established by the state. Because almost 100 percent of individuals receiving services are supported by Medical Assistance, unlike other health care providers, disability providers cannot "cost shift" to other payers to make up for low MA reimbursement, nor increase our prices. Increases in reimbursement have lagged far behind cost of living with only sporadic

increases over the past ten years (23.3 percent inflation versus 10.4 percent rate increases from 2006 to 2015) and any increases in payment rates have gone directly into increasing our workforce wages and meeting the mandates of the Affordable Care Act. Who are our employees? Currently, we are in the midst of a critical workforce shortage for disability services. Our staff vacancy rate is 16.5%, leaving many shifts open or filled with individuals earning overtime. Many of our employees have multiple jobs and there is no shortage of work for people interested in employed in disability services. We fully support a better paid workforce however, like most social service agencies, we are dependent upon governmental funding. Our current PTO benefit is working. REM Hennepin currently offers PTO for all full time employees scheduled 30 or more hours per week. This covers 70% of our labor force. Due to the workforce shortage, part time employees working in Hennepin County have the option of picking up additional scheduled hours and transitioning to full time status if desired. Employees earn PTO based on hours worked, assuming they work full time hours on average, each week. Feedback for the Group's policy recommendations:

- Recognize the use of PTO towards meeting the intent of sick time usage. REM currently allows employees to use Paid Time Off (PTO) which is more flexible than the narrow definition of sick time. This time can be used by employees to care for loved ones or to care for themselves, but can also be used for vacation time. Requiring employers to convert this flexible time to separate sick and vacation usage would be a step backwards for our workforce. No proposal should replace current or future employer PTO benefit practices.
- Limit the scope of this effort to full time employees. REM currently classifies all employees who are scheduled an average of 30 or more hours/week as full time. The access to benefits is a key incentive for employees to work these hours, benefiting both the employee and the employer. Any proposal should only apply to full time employees.
- Avoid arbitrary requirements on time off accruals and allow for pay out provisions. Current REM Hennepin pays out all earned and unused PTO every year. This is a highly valued benefit to our employees and requiring a rollover provision would not be viewed favorably. The Group should avoid any specific limits or requirements for use or implementation.
- Unfunded mandates sometimes have unintended consequences. Over the past two years, increases in minimum wage were passed. At REM, the only position paid minimum wage was our asleep overnight staff. Ironically, this position was the easiest to fill. The state did not provide any additional funding so "sleep" staff who receive minimum received an increase for sleeping instead of increasing wages for people who are actually delivering care. The Group should avoid any specific limits or requirements for use or implementation.

Thank for opportunity to provide our perspective. We appreciate your willingness to listen to the community and collaborate on solutions. Regards, Connie Menne
Executive Director REM Minnesota, Inc. 6600 France Avenue South,
Suite 500 Edina, MN 55435 952.563.2211 Cc: David Doth, Vice

President

This is an email generated from the City of Minneapolis website. * Required fields are indicated with an asterisk.

Workplace Partnership Group
Wrp-staff@minneapolismn.gov



February 3, 2016

RE: **Earned Sick time and Paid Time Off Policy Recommendations**

Dear Workplace Partnership Group:

Fraser is pleased to offer comments on the Workplace Partnership Group's (WPG) goal of policy recommendations for earned sick time and paid time off to the City Council of Minneapolis.

Fraser is a 501(c)(3) nonprofit provider of services to children and adults with disabilities as well as their families. Fraser's offerings include early childhood services for those of all abilities, autism evaluations and services, mental health services, neuropsychology, case management, housing, in-home services, transition and employment services, and other resources for those with special needs.

Fraser's number 1 priority is client safety and believes it is important for employees to periodically take time off both for personal reasons as well as the public health concerns associated with illness and therefore offers a competitive paid time off (PTO) policy for all eligible employees. Fraser offers employees who work 30 hours a week or more, as well as part-time salaried employees, PTO to be used for any reason including closed business days, sick days, vacation, emergencies, and other personal reasons, and can bank up to 208 hours or more (depending on seniority). PTO is earned on a working basis at an accrual rate of 0.1 hours earned per hour worked.

Services in Minneapolis

Within Minneapolis, Fraser provides autism evaluations and services, mental health services, pediatric therapy, and other day treatment at our Minneapolis Clinic. Fraser also provides contracted case management through Hennepin County with a number of case management clients residing in Minneapolis. As well, Fraser provides in home care to families who reside in Minneapolis. Lastly, certain administrative functions of Fraser are performed within Minneapolis.

Concerns About Earned Sick Time Policy

Fraser employs about 1,000 people across all divisions and operates 2 Fraser owned facilities within Minneapolis, however, due to the nature of our services through contracted case management, in-home services, and other clinical work many employees work for a period of time within Minneapolis and also for periods of time outside of the city limits. Requiring Fraser to calculate benefits for employees while working within Minneapolis and also outside of Minneapolis would be administratively challenging, if not impossible to account for, and costly.



Many of the services Fraser provides are funded via federal and/or state reimbursement. Given our heavy reliance upon government reimbursement, the effect of a new administrative cost like an earned sick time would be an unfunded mandate. Fraser is unlike other businesses that have the ability to shift an input cost, such as earned sick time for every employee on to the consumer. Any unfunded mandate, including an earned sick time and PTO requirement, would require a different section of the budget to be reduced in order to account for the added cost, which could have a multitude of unintended consequences including reduced staffing, a reduction in other staff benefits, among other consequences. If there were an earned sick time requirement Fraser would need to reassess the services we provide in order to ensure the impact on clients is minimal while determining how best to shift costs in order to account for this unfunded mandate.

During the healthcare listening session on January 28, 2016 at Allina Commons, it was discussed whether or not this policy would apply to other governmental branches of workers, including county, state and federal workers. Fraser provides contracted case management for Hennepin County, if County employees were exempt from compliance with the earned sick time it would create an inequity between County case management employees and contracted case management employees like those at Fraser. This inequity would create an unfair disincentive for part-time contracted case management employees to work at Fraser.

Conclusion

Client safety and wellbeing are Fraser's top priorities, and we recognize that earned sick time is a public health concern. We would never want to put our clients in risk of contracting an illness from a sick employee; we also recognize the need to take time off for personal reasons, ensuring our staff are mentally competent to perform their job to the best of their ability. Fraser offers a very competitive PTO policy to 70% of our workforce, while the other 30% includes on call or part-time employees who more than likely have other PTO eligible jobs and have thus chosen to be in a flexible position, instead of working at Fraser in another PTO eligible position. Fraser is heavily reliant upon government funding and therefore any added administrative expense would in effect be an unfunded mandate that Fraser is unable to pass on to the consumer. We urge the WPG to consider the unintended consequences of requiring an entity such as Fraser to provide additional overhead costs in their recommendations to the Minneapolis City Council.

Fraser appreciates the opportunity to comment on the Workplace Partnership Group's earned sick time and paid time off policy recommendation for the City Council of Minneapolis, and would be pleased to answer any questions about this submission. Fraser looks forward to the ongoing process and working with other stakeholders on this public health concern.

Sincerely,



Ben Gustafson
Sr. HR Representative, Compliance & Employee Relations
612-767-7568
Ben.gustafson@fraser.org

From: [Skip Valusek](#)
To: [WRP-Staff](#)
Subject: Sick Leave proposal
Date: Tuesday, February 16, 2016 3:07:13 PM

As the CEO/COO of a medicare certified home health agency, please consider the following regarding your proposal:

- 1) Most home health workers work for multiple agencies, generally one primary and at least one secondary. If the rule is based on 80 hours per YEAR as proposed, will the worker be Eligible for double, triple, quadruple benefits depending on how many agencies they work for? What will be the process to manage this situation?
- 2) Considering #1, with benefits eligibility starting at just 80 hours per YEAR, are you recommending a sliding scale???

I offer part-time PTO to anyone that works 20 hours/visits per week and full-time PTO if they work 30 hours/visits per week.

Any less and they don't qualify for PTO I need workers I can count on to provide the services needed in the home and provide the PTO as an incentive to stay with my company and provide quality work.

80 hours per YEAR spreads the benefit money too thin and I will not be able to pay the benefits to my quality workforce.

- 3) CMS Medicare and Medicaid reduction in pay for services coupled with increased expectations regarding quality are already forcing many clinics and home health agencies to stop taking Medicare patients.

Your proposal will only add to that burden and negatively impact the aged and disabled population.

Thanks for listening.

Skip

John R. (Skip) Valusek PhD CPHQ
Chief Executive Officer
In-Home Lab Connection (IHLC)



Medicare Certified Home Health Agency
specializing in spotcare
SkipValusek@ihlc-homecare.com
cell: 651 226-8410

From: no-reply@minneapolismn.gov
To: [Carl, Casey J.](#); [Menshek, Peggy Y.](#); [Hanson, Jackie A.](#)
Subject: Workplace Partnership Public Comment Form
Date: Thursday, February 11, 2016 7:12:39 PM

City of Minneapolis

Name * Kathy Messerli
Email kmesserli@mnhomecare.org
Address 1711 W Co Rd B
City Roseville,
State MN
Zip 55113

Comment * The Minnesota HomeCare Association (MHCA) would like to share our comments regarding the proposed sick leave in the City of Minneapolis. MHCA represents a wide array of home care providers from Medicare-certified agencies to hospice to personal care assistants, including many that provide services in Minneapolis. We are most concerned about our clients' access to service and encourage you to consider some of the following potential challenges. MHCA is very supportive of increased wages and benefits for the staff that provide these critical services to our family and community members, as these staff are providing a very valuable service and should be recognized for their hard work. Unlike many other industries, most of our providers are paid by insurance companies or through government programs and are not able to increase their rates to cover the additional cost for increased wages or benefits. Of the government programs, many services are covered by Medical Assistance, a state regulated program, which requires consistency across the state. Has consideration been given for how a city ordinance could or could not trump the state Medicaid laws, and/or the complications of how these would intersect (particularly if we go down the road of different cities having different requirements in this area)? Home Care providers are providing sick leave for full time employees and often for half time employees. That being said, we estimate that approximately 15-20% of home care workers are not currently eligible for sick leave and counted on are to meet the needs of our older and disabled population. Home care workers consist of Registered Nurses, Physical Therapists, Occupational Therapists, Speech Therapists, Social Workers, Home Health Aides, Homemakers and Personal Care Attendants. A patient receiving home care services may indeed have two or three different types workers in their home at a given time. Adding a requirement to offer sick leave to all employees, including casual workers, will have a financial impact on the home care industry, as well as impact access to services for your residents. We do not consider employees being eligible for sick leave when working

just 80 hours per year to be acceptable. We are not aware of any precedence for providing sick leave for individuals working just 2 weeks a year. Does this proposal include the personal care assistants (PCAs) that are in collective bargaining? PCA agencies received an increase in reimbursement to cover the sick leave mandate - do you plan to seek increases to meet the financial needs of employers? Also, PCAs are required to work 600 hours prior to being eligible for sick leave - will that be mirrored in this plan? In the home care industry employees are providing care for individuals in various areas (could be up to 30 -60 counties within the State) so tracking time an employee spends in individual cities (and or zip codes) will be a complex, administrative burden. Have you considered how this will impact service delivery for your Minneapolis residents? As compassionate as home care providers are, agencies may choose not to serve people in Minneapolis simply because they can't afford to do so, thus impacting access to care. As organizations that are trying to provide the same high quality services to Minnesotans regardless of what city they live in, the homecare community believes there are technical/operational questions that need to be answered and thought through for this proposal to be implemented successfully. We appreciate you hearing our 'voice' through this written message and welcome any inquiries or further discussion regarding the impact this proposal may have on the home care industry and ultimately, your residents. Kathy Messerli
Executive Director MHCA 651-635-0038

This is an email generated from the City of Minneapolis website. * Required fields are indicated with an asterisk.

The Minnesota HomeCare Association (MHCA) would like to share our comments regarding the proposed sick leave in the City of Minneapolis. MHCA represents a wide array of home care providers from Medicare-certified agencies to hospice to personal care assistants, including many that provide services in Minneapolis. We are most concerned about our clients' access to service and encourage you to consider some of the following potential challenges.

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- Of the government programs, many services are covered by Medical Assistance, a state regulated program, which requires consistency across the state. Has consideration been given for how a city ordinance could or could not trump the state Medicaid laws, and/or the complications of how these would intersect (particularly if we go down the road of different cities having different requirements in this area)?
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- In the home care industry employees are providing care for individuals in various areas (could be up to 30 -60 counties within the State) so tracking time an employee spends in individual cities (and or zip codes) will be a complex, administrative burden.
- Have you considered how this will impact service delivery for your Minneapolis residents? As compassionate as home care providers are, agencies may choose not to serve people in Minneapolis simply because they can't afford to do so, thus impacting access to care.
- As organizations that are trying to provide the same high quality services to Minnesotans regardless of what city they live in, the homecare community believes there are technical/operational questions that need to be answered and thought through for this proposal to be implemented successfully.

We appreciate you hearing our 'voice' through this written message and welcome any inquiries or further discussion regarding the impact this proposal may have on the home care industry and ultimately, your residents.

Kathy Messerli



Executive Director
MHCA
651-635-0038

From: no-reply@minneapolismn.gov
To: [Carl, Casey J.](#); [Menshek, Peggy Y.](#); [Hanson, Jackie A.](#)
Subject: Workplace Partnership Public Comment Form
Date: Monday, February 15, 2016 3:26:46 PM

City of Minneapolis

Name * Margaret Reinhardt
Email peggy55408@gmail.com
Address 2733 Girard Avenue S. #302
City Minneapolis
State MN
Zip 55408

Comment * I ask the members of this group to consider the children of workers who do not have paid sick time. Young children are hurt in many ways by the arbitrariness of whether or not an employer offers paid time off. I see this as a retiree who tutors in MPS. The impact is so close that perhaps you don't recognize it. During a fire drill on a January morning at Jefferson school, I noticed many Kindergarten and 1st grade boys shivering in short sleeve shirts – no long sleeves, no undershirts. Why don't children have warm clothes? By February, 5 Kindergarten students were gone from a class that started the school year with 14 students, and 5 new students had taken their place. That's 10 students who had to change schools because their families had to move. How does that affect a child's mental health? Their sense of safety and stability? A boy I tutor came to school with a runny nose and a cough, but told me that his mother dropped him off on her way to work. How many children and teachers would catch colds from him in the coming days? Working families not only have less money, but also less time to spend with their children due to multiple jobs and shifts. Parents working at low wage jobs are less able to take time off. That's poverty so close you don't recognize it. One shift without pay due to sickness means there won't be enough money to buy warm clothes for a child. One shift without pay means a mom or a dad won't have enough to make the monthly rent – and the family will have to move. One shift without pay forces a parent to choose between their job and their child. Whenever you feel stress, think of how stressful it is for a parent who is sick but can't afford to miss a day of work. That's stress. Of the testimony that I've read, many workers need more days off due to other family matters. A recommendation would be to offer paid time off after 3 months employment, and pro-rated for employees with as few as 20 hours per week. I also believe that PTO (paid time off) would be better terminology.

From: [Palmisano, Linea](#)
To: [WRP-Staff](#)
Subject: FW: Paid Sick Leave Ordinance
Date: Tuesday, February 16, 2016 2:38:35 PM

Are you still accepting comments? If so, can you see below as it pertains to the sick time part...
thanks!

LP

Council Member Linea Palmisano | 13th Ward | City of Minneapolis

350 South 5th Street – Room 307 | Minneapolis, MN 55415
612.673.2213 | linea.palmisano@minneapolismn.gov

Subscribe to 13th ward newsletters & updates [here](#).

From: Tom MacNally [<mailto:TomM@mtolivet.org>]
Sent: Tuesday, February 16, 2016 6:33 AM
To: Palmisano, Linea; Dahler, Ken
Cc: Nancy S. Nash; School of Music - Rebecca Mason
Subject: Paid Sick Leave Ordinance

We are concerned about the possible "sick leave" ordinance that may be coming before you in the coming months. I expect many businesses have issues related to the ordinance but I would like to give you some information to consider from our standpoint.

- Mount Olivet has certain music teachers who set their own schedules and have the freedom to change their lesson schedules to accommodate their illness.
- We are seeking clarity as to how the "shift swapping" provision would be applied to this type of employment.
- Employees who have freedom to set their own schedule and/or make up hours at their discretion (i.e., without approval of the employer) should be exempted from the paid sick requirement;
- Consider adding a minimum hours threshold for earning paid sick time, e.g., employees who have a regular schedule and actually work fewer than 20 hours per week do not earn paid sick time (this is our present policy). Other jurisdictions have minimum hours-worked thresholds, e.g., Washington, D.C. requires that an employee has worked a minimum of 1,000 during the previous 12 months. Additionally, other Minnesota laws with respect to paid leave require a minimum of half-time employment (e.g., Minnesota Parental Leave Law).

Additionally, we have casual workers who assist with many details of meal service, including washing dishes, at the Church.

- This slate of occasional workers are called to work at events such as funeral luncheons, which are held as-needed, with limited notice provided to the church. These workers may decline a shift without penalty, such as being removed from the list of workers.
- "Retention premium" and "predictability pay" should not apply where work is on an occasional basis due to the nature of the need, and employees may decline any shift without negative consequences.
- Provide an exemption to the ordinance for not for profit employers.

I am confident that there are issues that make sense on both sides of the ordinance. I just wanted you to hear some of ours. Thank you.

Thomas C. MacNally, Chief Operating Officer
Mount Olivet Lutheran Church
Minneapolis Campus
5025 Knox Avenue South = Minneapolis MN 55419
West Campus
7150 Rolling Acres Road + P O Box 153 = Victoria MN 55386
L) 612-767-2231 = M) 612-916-6926



December 23, 2015

**Public Health Advisory
Committee**

250 South 4th Street – Room 510
Minneapolis, MN 55415

Office 612 673-2301
Fax 612 673-3866
TTY 612 673-2157

www.minneapolismn.gov/health

Workplace Partnership Group
WRP@minneapolismn.gov

Dear Chair Doyle, Vice Chair Rowader, and WRP Members,

The members of the Minneapolis Public Health Advisory Committee (PHAC) believe that universal access to paid sick leave is a common sense strategy that is critical to upholding our City's values of equity, health, vitality, and safety. Furthermore, research and experiences in other cities demonstrate that such a policy contributes to a thriving business environment.

The PHAC is a citizen advisory committee for the City of Minneapolis and the Minneapolis Health Department. Twenty members represent each ward, the Mayor's office, Minneapolis Public Schools, the University of Minnesota School of Public Health, Hennepin County Human Services and Public Health, with three members-at-large. As an advisory committee on policy matters affecting the health of Minneapolis residents, we serve as liaisons between the City and our community in addressing health concerns. In October, committee members were briefed regarding our City Council's recent discussions about a potential City ordinance guaranteeing employee access to paid sick leave. We submit this letter of support for adopting this type of ordinance.

Regarding equity, access to paid sick leave is currently concentrated in higher-paying industries and among higher-paid workers. Eighty-five percent of full-time employees in Minneapolis earning over \$65,000 per year have access to paid sick leave compared to only 34% of those earning less than \$15,000 per year. This disparity is incongruent with the City's values of health, safety, and vitality, and should be rectified.

Low-income workers, who are more likely to be living paycheck to paycheck, are the most vulnerable to hardship caused by loss of income or employment due to lack of access to paid sick leave. Access to paid sick leave is a basic employee benefit that will allow all Minneapolis employees to take care of their own health and the health of their family members without fear of losing their income or employment.

Regarding health, vitality, and safety, access to paid sick leave has benefits for individuals as well as the population as a whole. Workers who go to work ill pose a public health risk as they can contribute to the spread of infectious diseases such as the flu. This is of special concern for workers in the food, healthcare, and personal care service industries, who handle food and interact closely with the population through their work. These direct service industries also happen to employ a large number of the workers who currently lack access to paid sick leave. Furthermore, employees that use paid sick leave benefits to attend preventive care appointments and address health issues before they become emergencies experience better health outcomes and help to keep healthcare costs low.

Regarding the business environment, expanding access to paid sick leave is a low-cost strategy to improve worker productivity and morale, benefitting both employers and employees. While most

employers are familiar with the productivity losses from absenteeism, an equally important problem is presenteeism, or lost productivity due to employees' showing up to work ill. Extending this basic benefit to all employees also makes Minneapolis an attractive place to work, helping to attract and retain talent. Research on paid sick leave policies enacted in Washington, DC, Seattle, WA, San Francisco, CA, and Connecticut has found no evidence that these policies caused employers to move out of the city/state or lay off employees.

The City of Minneapolis has a history of enacting regulations to protect the public's health and working together with businesses on implementation. Recent examples include the Staple Foods Ordinance and the Environmentally Acceptable Packing Ordinance, for which businesses received technical assistance and were given a feasible timeline for implementation. We believe the City would be similarly successful in drafting an ordinance and devising an implementation plan that achieves health, safety, vitality, and equity goals while simultaneously supporting businesses in a thriving economy.

We look forward to working together to protect and enhance the health of all Minneapolis employees on this and other efforts.

Sincerely,

The City of Minneapolis - Public Health Advisory Committee

Julie Ring	Ward 1
Sahra Noor	Ward 2
Harrison Kelner	Ward 3
Akisha Everett	Ward 4
Jahana Berry	Ward 5
Dr. Happy Reynolds	Ward 6
Karen Soderberg, co-chair	Ward 7
Abdullahi Sheikh	Ward 8
Sarah Jane Keaveny	Ward 9
Margaret Reinhardt	Ward 10
Birdie Cunningham	Ward 11
Autumn Chmielewski	Ward 12
Dr. Rebecca Thoman	Ward 13
Silvia Perez	Mayor's Representative
Cindy Hillyer	Minneapolis Public Schools
Jane Auger	Hennepin County Human Services and Public Health
Jennifer Pelletier, co-chair	University of MN – School of Public Health
Dan Brady	Member At-Large
Joey Colianni	Member At-Large
Yolonda Adams-Lee	Member At-Large

From: no-reply@minneapolismn.gov
To: [Carl, Casey J.](#); [Menshek, Peggy Y.](#); [Hanson, Jackie A.](#)
Subject: Workplace Partnership Public Comment Form
Date: Friday, January 29, 2016 11:53:08 AM

City of Minneapolis

Name * Nolan Morice
Email nolanmorice@gmail.com
Address 2448 1st Ave South
City Minneapolis
State MN
Zip 55404

Comment * I own a small/"micro" business with less than 5 employees that has been in operation for the past 5 years. We gross a very modest revenue and have committed ourselves to providing a living wage, fair scheduling, & sick & safe time to our employees(both PT and FT). As a result, we've achieved sustainable growth and success in our industry. If we can do this, any small business owner with a commitment to their community can.

This is an email generated from the City of Minneapolis website. * Required fields are indicated with an asterisk.

From: no-reply@minneapolismn.gov
To: [Carl, Casey J.](#); [Menshek, Peggy Y.](#); [Hanson, Jackie A.](#)
Subject: Workplace Partnership Public Comment Form
Date: Saturday, January 16, 2016 6:21:26 PM

City of Minneapolis

Name * Pamela Margolis
Email pammargolis@ivyspaclub.com
Address 201 South 11th Street
City Minneapolis
State MN
Zip 55403

Comment * I own a small business in downtown Minneapolis. Much of my staff is part time employees whom are paid commission based on the service they perform. Having to pay sick time for a part time employee is very difficult as their average wage is totally dependent on how many services they perform in a given day. Paying sick time based on their average pay on a given week would put me out of business. I would welcome talking with someone regarding commission employees and sick time. I can be reached at 612-343-3131

This is an email generated from the City of Minneapolis website. * Required fields are indicated with an asterisk.

From: no-reply@minneapolismn.gov
To: [Carl, Casey J.](#); [Menshek, Peggy Y.](#); [Hanson, Jackie A.](#)
Subject: Workplace Partnership Public Comment Form
Date: Sunday, January 31, 2016 2:11:26 PM

City of Minneapolis

Name * Peter Schilling
Email peterschillingjr@gmail.com
Address 3141 34th Avenue South
City Minneapolis
State MN
Zip 55406

Comment * I am writing to give my support to having paid sick time available to everyone who works in Minneapolis. This is a great, progressive city and ensuring that people can take time off of work when they are ill is essential to the city's well being. I am fortunate enough to be married to a person who has a great health care package through the school district where she teaches. I don't have paid sick leave myself, as I am a freelance writer. I consider myself fortunate to be able to take time off when I have been sick, and one case in particular comes to mind. In 2013 I was able to donate a kidney to someone I know here in Minneapolis who needed it. One of the things we discussed at the Mayo Clinic was my availability to take time from work, and the impact the surgery would have on me financially. The doctors I spoke with told me that everyone involved was indeed fortunate, as he was aware of poorer people who cannot find donors among their family and friends because no one can take off the amount of time to be able to recover from such surgery. That is but one small instance. But I urge you to make this available to FT and PT individuals, and to target those especially vulnerable, those facing economic hardship and people in immigrant communities for whom missing a paycheck (or taking time off) can have disastrous consequences. Thank you for your consideration of my appeal. Peter Schilling

This is an email generated from the City of Minneapolis website. * Required fields are indicated with an asterisk.

Minneapolis City Council – Workplace Partnership Committee –
Listening Session – January 28, 2016

Good Afternoon, my name is Rick Hammergren; I am the Senior Public Policy Director for Opportunity Partners. Annually, OP provides services for over 2,000 people who have disabilities. We employ more than 500 full and part time Direct Support Professionals across our organization. Our service areas include most of the metro area including the city of Minneapolis. OP has been providing services as a nonprofit for more than 60 years.

Opportunity Partners and many other similar organizations in this service sector is a very heavily regulated enterprise, As a Medicaid enrolled business, OP is required to be licensed under regulations of the federal CMS. We hold state licenses and are regulated by DHS/DSD – MDH - DEED. OP is also required to comply with certification standards of CARF International – the commission on accreditation of rehabilitation facilities. As such, our service standards, policies and practices are driven by federal, state and “best practice” values and rules.

We are always concerned about any proposed changes in licensing standards or development of regulations that would impact our business and/or create redundancies in a system already highly regulated. That said - Opportunity Partners is happy to engage in this dialogue and work with community stakeholders and employees on workforce issues. Indeed, our sector is currently experiencing a chronic shortage of workers with an annual turnover rate for DSPs hovering around 40%.

On the specific topic that your committee is considering, at OP we already have a very comprehensive policy governing PTO (paid time off) we do not have separate ‘sick leave’ or ‘vacation’ or ‘personal days’ etc.... Rather - we accrue PTO for all employees at a fixed rate for all hours scheduled to work - and employees are free to schedule that Paid Time Off when they need it. The accrual rate also goes up after the first and fourth year of employment.

As a 'health care provider' OP is very concerned that we have sufficient workers on staff, so that employees can take time off when they need it – if they are ill – or need to care for a sick family member – or go to an appointment etc...the major barrier in our experience IS NOT whether we have a sick leave policy – it is that we are so short staffed at times – it makes it very challenging. Often a substitute DSP is not available, and we end up having supervisory or management staff covering for direct services. It is our position that the real problem to solve is to improve wages and benefits for Direct Support Professionals – not to micro-manage employee handbook work rules. AND OP IS VERY ENGAGED IN EFFORTS WITH SETOR STAKEHOLDERS TO IMPROVE WAGES AND BENEFITS FOR DSP's.

For our services and other similar programs, the fact is that the fed, state and counties drive the system – they control pricing through rate control – they refer the people served, prescribe the services delivered, set the payments rates for the provider and control key elements of the business sector by limiting rate increases over the past decade to a rate less than half of the rate of inflation. This is indisputable fact.

As you consider promoting policies regarding earned sick time and other employee benefits, I urge you to continue an open dialogue with employers, know that we are on the right side of this issue – we need spirited, energetic, creative, Direct Support Professionals to work in our programs, in fact they are the backbone of the sector. We recognize that!!! and we have been committed to improving wages, benefits and working conditions for many years – we have made great progress – we are leading reform initiatives right now at the legislature in our support for The Best Life Alliance – introducing a bill that will lead to raises for DSPs and better fund providers so that they may maintain good benefits including health care, PTO and retirement plan contributions.

I would be happy to answer any questions – thanks for hosting these listening sessions and for your interest in the nonprofit sector workforce.

From: no-reply@minneapolismn.gov
To: [Carl, Casey J.](#); [Menshek, Peggy Y.](#); [Hanson, Jackie A.](#)
Subject: Workplace Partnership Public Comment Form
Date: Friday, January 29, 2016 12:24:20 PM

City of Minneapolis

Name * Sarah Wolbert
Email sarah_wolbert@yahoo.com
Address 1633 Lafond Ave
City Minneapolis
State MN
Zip 55104

Comment * hi ~ this is an equity issue. as a part-time music teacher and independent contractor, i work 40+ hours a week in several jobs. please value all the people pulling themselves up by their bootstraps. when i'm sick, i loose income, which seems doubly unfair for the community-based / education work that i do. thank you for your consideration.

This is an email generated from the City of Minneapolis website. * Required fields are indicated with an asterisk.

From: hhatchsurisook@gmail.com on behalf of [Holly Hatch-Surisook](#)
To: [WRP-Staff](#)
Cc: [Reich, Kevin A.](#); [Brock, Lisa A.](#); [Rivera-Vandermyde, Nuria](#); weisberg@lukeworks.net
Subject: Workplace Partnership Group: Written Testimony
Date: Thursday, January 21, 2016 3:12:55 PM
Attachments: [WRP Public Forum Notes 1-2016.docx](#)

Hello Workplace Partnership Group,

Thank you for your membership on this committee and for providing and attending Listening Sessions.

Attached are notes that constitute written testimony for Sen Yai Sen Lek, much of which I also shared at last night's Open Forum at the Minneapolis Urban League.

Kind regards,

Holly Hatch-Surisook
Sen Yai Sen Lek
cell: (651) 334-8071

Notes for the Workplace Partnership Group

Jan. 20, 2016 Open Forum
Mpls Urban League

Introduction:

Holly & Joe Hatch-Surisook, Co-Owners
Sen Yai Sen Lek – Central Ave in NE Mpls
Full service Thai restaurant – 7+ years in NE Mpls
26 employees

We are pleased that the Public Health portion of tonight's presentation included "effective policy development" as a critical component of meaningful change.

Preface – No one (service employees, kitchen staff, owners) is getting wealthy by working in a single location, independently owned restaurant. Comments below regarding inequities in restaurant compensation are not intended to be negative commentary on higher wage service staff.

Guiding Themes:

- We are concerned about the possibility of new policies that will appear to address disparities but effectively perpetuate systemic inequities across class, race, immigrant status and primary language spoken.
- It is *fundamentally wrong* for the city to establish new policies that will exacerbate the dramatic pay inequities between service and kitchen staff that currently exist in the full service restaurant industry.
- Rushing the process and/or simplifying requirements will *not* benefit workers who most need Safe & Sick Leave. Invisible privileges can be difficult to see, and are complicated to address. New policies must be developed carefully and in sufficient detail to have integrity.

Where We Stand:

- If the City is serious that this benefit is to address public health concerns and raise workplace standards in the City, then it must apply to all types and sizes of businesses. Otherwise, Safe & Sick time is only available to a subset of Mpls workers, diluting the true purported purpose of the initiative.
- To recognize the time businesses invest in training employees, and the time it takes for an employee to make a full commitment and contribution to an organization, we support a waiting period for accrual and/or use of sick time.

EXAMPLES

1. Employee begins earning sick time from the first hour of work, but does not have access to that sick time until s/he has completed 6 months of work with that employer.

- 2. Employee begins accruing sick time after 90 days of employment and has immediate access to accrued time off.
- We believe there should be two tiers for sick time accrual, to minimize the disproportionate benefit part-time employees would otherwise receive. In the restaurant industry, we must avoid preferencing higher wage service staff in the accrual of paid time off. The chart below demonstrates that a 2-tiered structure (by hours worked per week) would ensure lower wage, full time staff are not further disadvantaged in restaurant compensation practices.

[An alternative would be to require a higher rate of accrual for lower wage employees, and a lower accrual rate for higher wage employees. Or to institute the requirement only for those employees who earn less than a particular threshold.]

Full Time (30-40 hours/week; 75-100% FTE)

Accrual at 1 hour for each 40 hours worked. Maximum accrual of 5 days (40 hours) per year, and 5 days (40 hours) maximum.

Part Time (less than 30 hours/week; less than 75% FTE)

Accrual at 1 hour for each 40 hours worked. Maximum accrual of 3 days (24 hours) per year, and 3 days (24 hours) maximum. That is, time stops accruing when an employee's bank reaches 24 hours and until it falls below that threshold.

Sen Yai Sen Lek Two-Tier Example

Total Employees: 26

	Kitchen (lower wage)	Service (higher wage)
High Accrual	10	3
Low Accrual	5	8

Context of Wage Disparity in Full-Service Restaurants:

The State of MN failed to institute a tip credit when new minimum wage rules were established in 2014. In full service restaurants, few - if any - non-tipped employees were affected by the minimum wage increase. The mandated increases benefitted only the (typically) highest earning restaurant staff - servers, bar tenders, wait assistants...the tipped employees - while restricting employers' ability to increase the wages of those most in need by requiring existing resources to be distributed to tipped employees.

Equal accrual of Safe & Sick time for service and kitchen staff would exacerbate the already inequitable distribution of restaurant wages by requiring employers to pay out Safe & Sick time equally (but not equivalently) to part-time (primarily service) and full-time (primarily kitchen) employees.

It has been argued that service staff will be less likely to utilize their sick time given that it would mean forgoing tips. While this may be true, City policy must still take the above concerns into consideration based upon the following:

1. The integrity of policies cannot rely upon assumptions about future individual behavior (i.e., it's okay to write the policy without part-time/full-time distinctions because restaurant service staff won't really use sick time, and employers will still be able to use their financial resources to create greater wage equity)
 2. The rate of sick pay for tipped employees has not yet been determined. (Will tipped employees be compensated for sick time according to reported wages, or employer paid wages?)
- The implementation timeline of a new, arguably important, but potentially quite costly employee benefit in the City of Minneapolis *must* take into consideration the current financial climate, for small businesses in particular.

Small businesses have had to adjust to significant recent minimum wage increases, and will be facing another increase later this year. These businesses need time to shift their business practices, pricing structures, sales levels and expenses to absorb these costs and remain viable. The timing of the Safe & Sick Leave movement is challenging. Recalibration is needed before small businesses will be in position to implement the wage and administrative expenses of Safe & Sick Time.

- The City is proposing Safe & Sick Time policies to protect employees. There has been broad public recognition that most employers are “good” employers – yet we’re creating these rules anyway to curtail less ethical practices. Likewise, we would argue that protections should be in place for employers as well, to protect employers from the minority of employees who will attempt to abuse the new Safe & Sick Time benefit.
- It is imperative that compliance include City responsibility (*not* employer responsibility) for broad education and communication to Minneapolis workers. Those who are least likely to have access to Safe & Sick time are also less likely to clearly understand their benefits and how to access them (due to language, cultural and ability barriers).

Top Shelf
3040 Lyndale Ave S.
Minneapolis, MN 55408
612-824-2800
john@topshelfinc.com

Small Business Owner Feedback on Mandatory Paid Sick Leave Policy

1. Describe this proposed policy as Mandatory Accrued Personal Time Off

Sick leave policy is an absolutely inaccurate title for what will certainly be used as a Personal Time Off policy by many. If all employees will accrue "sick days", what benefit will be gained by employees who are healthy, watch what they eat, don't smoke or drink to excess, etc.? Should healthy employees receive fewer benefits by not cashing in on the sick days they have accrued? So in reality, the "sick leave policy" creates the need for healthy employees to lie to employers to justify taking advantage of the days off earned.

Some people who call in sick really are sick. One of my favorites is "I took too many drugs last night, and didn't wake up until 4 in the afternoon, and didn't feel good". Sick no doubt, but preventable.

But just as frequently sick days are utilized in a different fashion which forces employees to lie and call them sick days instead of saying "I'm choosing to go to the ball game on a nice sunny day" or "I need a mental health day. I'm really stressed because my partner decided to split up with me".

2. After keeping our business viable working 60-70 hours a week for 40 years why should the city of Minneapolis have the right to dictate what combination of employee benefits we offer?

My wife and I have run a small business (under 9 employees) in Minneapolis for 40 years. We have always paid much more than minimum wage. Currently our lowest paid employee earns \$21/hr. Approximately 85% of our many employees have been first generation immigrants, most speaking English as a second language.

- We have always given all full time employees (35 hours and over) **100% health insurance, with no deductibles**. For years those policies have been converted to Health Savings Account so that if they stay healthy, cash value accumulates that can be used at their discretion. If they leave my employ the cash value stays with them. We avoided switching to much less expensive plans because we feel that catastrophic illness causes employees with little in savings to experience hardship if confronted with a high deductible, a 20% co-pay, or blowing past a policy's upper limits.
- **Employees receive vacations defined by years of service ranging from 1 week to a maximum of 4 weeks.**
- **There are 4 paid holidays per year.**

- **We have policies in place for School Conference and Activities Leave, Bone Marrow Donation Leave, and Organ Donation Leave.**
- **We also offer a 401 K plan with a 3% match.**
- **We offer three personal days per year which can accrue, and if unused are paid out at the end of every year.**

We do this because we care about our employees, and treat them the same way we would want to be treated.

We offer no paid sick leave days.

We want to retain that choice. As an American citizen I think it is wrong to have a municipal city government reach into our employee policy handbook and demand we conform to a broad sweeping one size fits most policy. The other benefits that an employer offers should be taken into account. We don't want to subsidize people taking time off and lying about it. Sadly I watch employees come to work coughing and suffering with congestion who still go outside to take a constant stream of cigarette breaks, and never go to see a doctor even though they have health insurance that costs them nothing.

3. Businesses will juggle benefits to keep their costs in line with additional mandated sick leave.

Businesses in the neighborhood that already spend on some form of employee benefits have stated that they will just need to juggle those benefits to keep the financial effects of having to offer paid sick leave from increasing their costs. In a small business like a restaurant, perks like free meals might be taken away to offset the new cost of paid sick leave. Vacation time given might be adjusted downward to balance the increase for more paid sick leave.

4. Remaining thoughts for consideration

- It's wrong to make employment rules that change the playing field between Minneapolis and the communities that surround it. Let a statewide legislation tackle the issue.
- Minneapolis is fast-tracking this process and leaving small business constituents too little time to let their voices be heard. How many small business owners can take time off in the middle of the day to drive to attend a 2-hour meeting, at a location that has little parking, and not even have a chance to speak?
- Is Personal Time Off Policy more effective in moving towards a One Minneapolis than raising minimum wage so that all workers would see the benefits of an improved quality of life, not just the ones who get sick? Is minimum wage increase just waiting in the wings to be sprung on businesses when the council feels it is an opportune time?
- Both the sizes of a business and consideration for the benefits that a business already offers should be considered in applying the Personal Time Off Policy.
- Consider other alternatives to keep low-wage workers healthy. Smoking cessation programs, co-opted YMCA or YWCA memberships, education and access to healthier food options to combat obesity could address some of the most common

root causes that create the need for sick leave, and help to build a healthier One
Minneapolis.

Respectfully submitted,

John Meegan
Top Shelf
3040 Lyndale Ave S.
Minneapolis, MN 55408
612-824-2800
john@topshelfinc.com

From: [Loretta M Mullany](#)
To: [WRP-Staff](#)
Subject: Small employer input
Date: Wednesday, January 27, 2016 12:40:02 PM

I am very concerned about Minneapolis and St. Paul regulating employment practices. While I support this issue on a state or federal level, I am opposed to individual cities passing these laws. It would put my small business, which is located in Minneapolis, at a competitive disadvantage since many of my direct competitors reside in the suburbs or outstate MN. When I was the Human Resource Manager for a national company, we had an employment attorney for the country – except California. Because California had so many random employment laws, depending on the city, we needed a California attorney to keep us current. It got very expensive. For that reason, I made the decision to start my small business in Minnesota instead of California. I am getting ready to start a second business. I am so alarmed by Minnesota municipalities getting into the employment law game, that I will wait to decide if this new business and the related jobs will be started in Minnesota or somewhere else. As a small business that makes a point of hiring the under-employed, I am opposed to a municipal regulatory trend that harms the tax-paying residents that elected you. In the meantime, I am hiring and employing people in North Dakota.

Written Testimony Sheet

Subject: Workplace Partnership Group	Date: 1/28/2016
	Time: 2:00 to 4:00 p.m.
Location: Allina Commons, Pettingill Hall (Lower Level) 2925 Chicago Avenue South	

Printed Name	Address	Organization	Email/Phone No.
Terin Mayer	3320 36 th Ave S Minneapolis, MN	CTUL	719 339 2703 terin.mayer@gmail.com

Use the blank area below for your written comments, if you choose not to speak at the public meeting, or e-mail comments to WRP-Staff@minneapolismn.gov.

Every week I work with people who have been victims of wage theft. This is a widespread problem because of a substantial power-difference between workers and bosses. Too many unscrupulous bosses take advantage of that difference to exploit their employees.

As the sick day ordinance is written, its absolutely crucial that it empower the voice of the worker. To that end, there ought to be no requirement to show a doctors' note; no ability to discipline an employee for using this earned benefit; and real consequences for employers who break the law.

From: no-reply@minneapolismn.gov
To: [Carl, Casey J.](#); [Menshek, Peggy Y.](#); [Hanson, Jackie A.](#)
Subject: Workplace Partnership Public Comment Form
Date: Tuesday, February 02, 2016 11:24:25 AM

City of Minneapolis

Name * Tim Harlan-Marks
Email tim.harlan-marks@sierraclub.org
Address 2401 Blaisdell Ave South
City Minneapolis
State MN
Zip 55404

Comment * Just writing to express my support for earned sick and safe time for Minneapolis workers. We've seen this policy implemented effectively in cities around the country. Minneapolis workers deserve the best treatment regardless of wage, race, or socioeconomic class. I urge you to ensure the proposal includes both FT and PT workers as a lot of people (especially now) string together multiple PT jobs to make ends meet, and are just as likely to get sick as a FT employee. I also feel strongly that the proposal must include jobs disproportionately held by people of color and immigrant communities, which are often low wage jobs. This new initiative will be a failure if it leaves some of Minneapolis's most vulnerable populations out. Thank you, Tim

This is an email generated from the City of Minneapolis website. * Required fields are indicated with an asterisk.

From: no-reply@minneapolismn.gov
To: [Carl, Casey J.](#); [Menshek, Peggy Y.](#); [Hanson, Jackie A.](#)
Subject: Workplace Partnership Public Comment Form
Date: Tuesday, February 02, 2016 11:26:05 AM

City of Minneapolis

Name * Tim R Harlan-Marks
Email timharlanmarks@gmail.com
Address 2401 BLAISDELL AVE APT 1
City Minneapolis
State MN
Zip 55404

Comment * Just wanted to note that I accidentally submitted my last comment from my work account (tim.harlan-marks@sierraclub.org). I wanted to state very clearly that the opinions I expressed are mine alone, and do not represent a position on this issue by my employer, the Sierra Club.
Thanks.

This is an email generated from the City of Minneapolis website. * Required fields are indicated with an asterisk.

From: no-reply@minneapolismn.gov
To: [Carl, Casey J.](#); [Menshek, Peggy Y.](#); [Hanson, Jackie A.](#)
Subject: Workplace Partnership Public Comment Form
Date: Friday, January 29, 2016 9:25:31 PM

City of Minneapolis

Name * wendy darst
Email wendyd08@gmail.com
Address
City Minneapolis
State MN
Zip 55406
Comment * Sick leave is a necessity to keep us all well- people who are ill need to heal. It is a human right.

This is an email generated from the City of Minneapolis website. * Required fields are indicated with an asterisk.

Written Testimony Sheet

Subject: Workplace Partnership Group	Date: 1/6/2016
	Time: 6:00 - 7:15 p.m.
Location: Mercado Central, 1515 East Lake Street	

Printed Name	Address	Organization	Email/Phone No.
Victor M. Cantó		Mercado Central	612-728-5404

Use the blank area below for your written comments, if you choose not to speak at the public meeting, or e-mail comments to WRP-Staff@minneapolismn.gov.

MUY BUENA PROPUESTA SI TODO FUERA
~~EQUITATIVAMENTE~~
EQUITATIVAMENTE, Y MI PUNTO DE VISTA
MI PEQUEÑO NEGOCIO NO TENDRÍA LA
FACILIDAD DE HACER ESO YA QUE ES
UN NEGOCIO FAMILIAR, UNO QUIEREA QUE
ESO SUCCEDA EN LA REALIDAD, PERO NO
ES ASÍ Y SI CADA NEGOCIO TIENE
DIFERENTES CAPACIDADES PARA ACTUAR DE
ACUERDO A SUS INGRESOS

WORKPLACE PARTNERSHIP GROUP DETAILED POLICY DECISION OUTLINE at 2/25/16

Yellow highlight indicates choices confirmed by Workplace Partnership Group

I. SCOPE	<i>We recommend a policy that covers:</i>	NOTES	LANGUAGE	Consensus check	Complete!
A) Covered employers	1. Employers based in Minneapolis		<i>We recommend a policy that covers:</i>	1/25/16	
	2. Employers with employees who work within Minneapolis, regardless of employer location.	May consider employer size threshold	Individuals working in the City of Minneapolis (regardless of where your employer is located) at least 80 hours in a year for a given employer, shall have access to paid sick time.	1/25/16	2/1/16
	3. Only employers in sectors with significant public health exposure	Define at employer or employee level?		1/25/16	
B) Covered employees – FT/PT	1. Only full-time employees are covered	<i>TBD by the accrual rate...</i>		Exempt and non-exempt employees. Exempt employees are considered to work 40 hours a week for purposes of accrual, unless there is evidence that they work less than that.	2/1/16
	2. Both part-time and full-time employees are covered				
C) Covered employees – hours threshold	1. All employees who work within Minneapolis		<p>We recommend the following small employer accommodations:</p> <ul style="list-style-type: none"> • <i>Micro-employer compliance standard.</i> Employees of “micro” employers (3 or fewer employees) shall have access to protections against retaliation but provision of paid sick time is at the employer’s discretion, • <i>Delay in penalties for small employers.</i> Small employers (with fewer than 24 employees) shall have an additional 6-12 months before penalties can be assessed. 		
	2. All employees who conduct at least 80 hours of work a year in Minneapolis				

			<p>(Employees are covered under the ordinance during this time and remedies must be made available to employees, but penalties may not be assessed.)</p> <ul style="list-style-type: none"> • Delay in penalties for “new/startup” employers. Employers that are within the first 12 months of operation shall not have penalties assessed. (Employees are covered during this time and remedies must be made available to employees, but penalties may not be assessed.) <p>Creation of an Office for Small Business in Minneapolis that would foster the growth of small businesses in Minneapolis by providing support in navigation of City processes.</p>		
II. USAGE	<i>We recommend a policy that allows usage of sick time for:</i>	NOTES	LANGUAGE	Consensus check	Complete !
A) Employee vs employee + family	1. Employee health needs only		<i>We recommend a policy in which:</i> Employees may use paid sick time for mental and physical illness or incident, injuries, health conditions, diagnostic and preventive care, school closures due to public health or	2/8/16	
	2. Health needs of employee as well as family members, broadly defined	Build on existing definitions for City of Minneapolis employees (which also incorporates MN State Statute 181.9413).			

B) Inclusion of mental health for usage	1. Mental and physical illness, injuries, health conditions, diagnostic and preventive care, school closures due to public health or other emergencies.	<i>Commentary: Bereavement policy be explored to include and/or be adapted for culturally-appropriate practices and recognition of extended family and community relationships.</i>	other emergencies for themselves or for members of their extended families and households (as defined in City of Minneapolis civil code and MN State Statute 181.9413). Employees may use paid sick time in increments consistent with current business practices, as defined by industry standards or existing employer policy.	2/8/16	
	2. Usage restricted to physical illness.				
C) Increments of usage	1. Full shift/day is the smallest increment of time that can be taken off as "sick time"		Employers may request documentation of illness/absence from an employee if there is a clear pattern of abuse.		
	2. Partial shift/day can be taken off as "sick time"	This issue here is the "doctor's appointment" or the child who is sick for only part of the school day. Smallest increment allowable in employer payroll system?		2/8/16	
D) Documentation	1. Doctor's note or other employee proof of illness for time taken (perhaps after a specified number of consecutive days). (Modified)	Potential for inappropriate use, balanced with cost and difficulty of getting a doctor's note, and employee privacy considerations.		2/8/16	
	2. No documentation required.	Group may consider if there is a third option on this issue			
E) Provisional period at start of employment	1. Employee begins to accrue time immediately, but the use of sick time is at the employer's discretion in the initial 2-3 months of employment	Employee gains by accruing immediately, but employer is also protected by not	Employees will begin earning accrued sick time at the start of employment; and, will able to access earned hours after a		

		having to grant time for seasonal employees, for example.	provisional period, consistent with employer practice, and no longer than 90 days.		
	2. Employee is eligible to use accrued sick time from the commencement of employment.			2/8/16	
F) Relationship to existing PTO policies	1. Sick days are accrued/used separately than other forms of PTO, vacation and other types of leave.		Any employer with a paid leave policy, (such as a paid time off policy or a paid leave policy within a CBA) such as a paid time off policy, that provides an amount of paid leave sufficient to meet the total annual accrual requirements of this policy that may be used for the same purposes as paid sick time in this law, is not required to provide additional paid sick time.		
	2. Sick days are accrued/used separately for employee individual use v. use for extended family or household.				
	3. Paid leave policies – such as employer PTO policies, other types of leave policies or existing agreements – are in compliance with the ordinance if they meet the minimum standards.	<p><i>From Philadelphia: “Any employer with a paid leave policy, who makes available an amount of paid leave (including but not limited to vacation days, sick days, short-term disability benefits, floating holidays, parental leave, personal days, or PTO), sufficient to meet or exceed the accrual requirements of this Section, and that may be used for the same purposes and under the same conditions as sick time under this Chapter, is not required to provide additional sick time.”</i></p>	Existing sick time and/or paid time off (PTO) policies will be considered in compliance with City policy if they meet minimum standards established by the City. Employers may voluntarily present existing policies for review; or, may be asked for review upon receipt of an inquiry or complaint.	2/8/16	

	4. Sick days program is administered by the city through a payroll tax into a fund that pays for sick days for all workers in Minneapolis.	Commentary: There is interest in the idea of a broader program to support paid sick time. The WPG recommends that explore this concept further and, if appropriate, pursue through its state legislative agenda.			
III. ACCRUAL MECHANISM	<i>We recommend a policy that contains the following provisions:</i>	NOTES	LANGUAGE	Consensus check	Complete!
A) Accrual vs other mechanism	1. Employee receives full allotment of sick time at commencement of employment, and receives the same allotment at the beginning of each year of employment thereafter.				
	2. Employees accrue sick time according to a specified accrual rate (e.g. 1 hour for every 30 hours worked)		We recommend a policy in which employees earn paid sick time based on hours worked.	2/17/16	
B) Amount of time received/earned	1. If an accrual system, an employee should earn sick time at the rate of 1 hour for every 30 hours worked. If using an allotment system, an employee should receive amount equivalent to accruing at that rate for one year.	Recommendation language on this item depends on outcome for preceding topic (accrual vs other mechanism)			
	2. If an accrual system, employee accrues at a rate other than 1 for 30.		We recommend an approach in which employees earn 1 hour of sick time for every 30 hours worked.		
C) Carryover	1. Sick time that is accrued and unused may carry over in full into the following year.	Related considerations: (1) Availability of			

	<p>2. Sick time that is accrued and unused may be carried over with a cap on the total amount of time that may be carried over year to year.</p>	<p>accrued sick time for employees who change jobs within a business; or who return after a leave of absence; (2) Honoring accrued sick time in the event of a business sale or merger; (3) Ability to cash out accrued leave at year end, or donate time</p>	<p>We recommend a cap of 80 hours on total accrual.</p>		
	<p>3. Sick time that is accrued and unused may not be carried over from year to year.</p>				
D) Caps	<p>1. A cap is placed on the total number of days an individual may use in the course of a year</p>	<p>This issue takes into consideration individuals working more than 40 hours a week</p>	<p>We recommend an annual cap on accrued time at 48 hours.</p>		
	<p>2. No cap is placed on the total number of days an individual may use in the course of a year</p>				
E) Distinctions by size of employer	<p>1. Employees working for employers with less than 5 employees may earn no more than ___ days/hours of sick time in a year.</p>	<p>Consider micro-employers? Consider start-ups /length of time business has been in operation?</p>			
	<p>2. Employees working in Minneapolis accrue/earn paid sick time at the same rate and with the same caps, regardless of size of employer.</p>				

IV. MONITORING, ENFORCEMENT & IMPLEMENTATION	<i>We recommend that the City of Minneapolis:</i>	NOTES	LANGUAGE	Consensus check	Complete !
A) Education and outreach	Undertake proactive, culturally appropriate outreach and education efforts to ensure that both employees and employers are aware of the new policy and understand it. On an ongoing basis, employers and employees should receive timely, accurate and easy-to-understand information about rights and responsibilities. Small-business and community-based organizations should be enlisted as partners to expand the reach of education and outreach efforts.		We recommend that the City plan for a broad education effort, with resources dedicated appropriately, for community-based and business partners to help deliver accurate and easy-to-understand information about rights and responsibilities related to this policy change. Efforts should be community- and language-specific, ensuring reach to smaller businesses and affected employees, where impact is expected to be most significant.	2/17/16	
B) Enforcement system	Design a robust enforcement system that maximizes employer compliance and provides efficient and fully accessible avenues for bringing and resolving complaints. Components of enforcement system should include:	May include both complaint-based and more proactive methods of enforcement	We recommend that the City establish a point of contact for which employers and employees can ask for review of policies/actions; and, allow for voluntary review by City staff of existing policies.	2/17/16	
	1. Survey or other regular evaluation methods to identify patterns related to compliance and usage.		We recommend that the City pursue and support a partnership approach with employer and employee representation to shape		
	2. Incentives related to recognition or other benefits to businesses that meet or exceed standards put forth by this policy.	Per proposal shared by Steve & Bruce		2/17/16	

	<p>3. Financial penalties for noncompliance that are sufficient to maximize compliance with policy (and level the playing field for compliant employers).</p>	<p>A delay in implementation of penalties for small employers may be considered to ensure sufficient time to implement new policy.</p>	<p>goals for sick time coverage and encouragement for adoption of established policies. The City's own compliance effort will complement this partnership by establishing financial penalties and/or sanctions consistent with City practice for those who fail to comply with the policy after a period of time to be determined by Council.</p>	2/17/16	
	<p>4. Identify an ombudsperson that employers and employees may contact with issues/problems related to the policy in content or implementation</p>				
C) Protections	<p>1. Ensure that workers are protected from retaliation in any form 2. Clarify that an employer maintains its right to take disciplinary action when clear evidence exists of a pattern of an employee using leave for purposes other than those provided under the law.</p>	<p>"Retaliatory personnel action" means any termination, suspension, constructive discharge, demotion, unfavorable reassignment, refusal to promote, disciplinary action or other adverse employment action taken by an employer against an employee or a service worker.</p>	<p>We recommend that employees be protected from retaliation in any form <i>[per the definition of retaliation provided in City code or per language provided]</i>. We also recommend that employers maintain the ability to take disciplinary action if there is a clear pattern of abuse.</p>	2/17/16	
D) Notice and Recordkeeping	<p>1. Create notice provisions that provide information on rights and responsibilities to employees in a fully accessible manner (including linguistic accessibility). 2. Ensure recordkeeping rules will provide timely and sufficient information to the city and employees, as needed, without</p>		<p>Notice: Employers must display a poster in a spot conspicuous and accessible to all employees in English or any other language spoken by 10 percent of the employer's workforce</p> <p>Individual Notice: Employers</p>		

	<p>undue administrative burdens on the employer.</p>		<p>must provide written notice at time of hire, or if already employed, as soon as possible, in English and primary language of the employee provided the department has made available the notice in that language.</p> <p>Record keeping: Employer must maintain records for 2 years, unless otherwise required by law or regulation.</p>		
<p>E) Ongoing reporting, monitoring and policy improvements</p>	<p>Ensure that employers and employees (and employer/employee representatives) have opportunity to monitor implementation, review relevant data on the ordinance in practice, and consider potential policy changes.</p>		<p>Covered in partnership recommendation above.</p> <p>We recommend that the City of Minneapolis commit resources to ensure an annual outcome evaluation and report to the community on implementation of this policy for at least the first three years of implementation.</p>	<p>2/17/16</p>	

Minneapolis Sick/Safe Leave Summaries

Policy Segment	Tentative Employer Requirements	Partnership	Other
Approach	Mandating access to paid sick/safe time through city-regulation; similar to other local and state government approaches.	Broadening access to paid sick/safe time through a unique employer-community-city partnership to promote shared goals and monitor, adjust over time. At the discretion of elected officials may include a base mandate as outlined below.	
Employees Covered – Location	Working in Minneapolis	Working in Minneapolis	
Employees Covered – Hours	80 hours for one employer	320 hours for one employer	
Accrual Rate	1:30 hours	1:30 hours	
Accrual Begins	Commencement of employment	Commencement of employment	
Usage Begins	After first 90 days	After first 90 days	
Annual Accrual Cap	48	24	
Maximum Bank/Cap	80	48	
Exempt Employees	Considered to work 40 hours unless documented at fewer hours	Considered to work 40 hours unless documented at fewer hours	
Use Eligibility	Current State statute 181.9413 with addition of “household member” (mirroring Minneapolis Civil Service definition)	Current State statute 181.9413	
Education And Outreach	City to fund/provide resources and education.	Formation of public-private collaboration to work on shared goals.	
Protection From Retaliation	Employees have protections from retaliation.	Employees have protections from retaliation.	
Documentation Option	Documentation following clear pattern	Documentation for repeated, suspicious, or consecutive absence of three or more shifts	
Increments Of Use	As allowed by employer payroll system	As defined by employer policy or business practices	
CBAs	Not exempt	Exempt	
Small Employer Accommodations	Largely focused on delayed implementation	Employers with 24 or fewer covered employees: 1. May provide unpaid leave consistent with standards 2. May delay implementation for 12 months (existing and startup)	
Plans Deemed In Compliance	If plans are substantially equivalent, they are deemed compliant	Existing plans meeting the accrual, carryover and use requirements are deemed compliant	
Enforcement	Complaint-based approach with proactive elements	Complaint-based approach	
Enforcement Begins	Within a reasonable period of time	One year from enactment	