



Ordinance No. 2016-040

City of Minneapolis

File No. 15-01372

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**Amending Title 2 of the Minneapolis Code of Ordinances relating to Administration by adding a new Chapter 40 relating to Workplace Regulations.**

The City Council of the City of Minneapolis do ordain as follows:

Section 1. That the Minneapolis Code of Ordinances be amended by adding thereto a new Chapter 40 to read as follows:

**CHAPTER 40. –WORKPLACE REGULATIONS.**

**ARTICLE I. – IN GENERAL**

**40.10. - Title.**

Articles I through III shall be known and cited as the Minneapolis Sick and Safe Time Ordinance.

**40.20. - Findings.**

The city council makes the following findings:

(a) Healthy individuals, families and communities are the foundation of well-functioning societies. Many factors contribute to health, including the policies and systems that shape the nature of everyday life. Among these policies, the availability of paid leave is a key contributor, as it creates the opportunity for family members both to earn a living and to provide care for their loved ones.

(b) Forty-one percent (41%) of employed Minneapolis residents lack access to earned sick time. The same employees least likely to have paid sick leave or the financial ability to forego wages are in occupations most likely to have contact with the public, especially food services, long term care and health care. Minneapolis workers who work in public-contact occupations, such as service occupations, are less likely to have paid sick time than workers in other occupations.

(c) Family economic security is at risk for workers who lack adequate paid sick leave because workers who lack paid sick leave lose earnings if they miss work to care for themselves, their children, or other family members who are ill or injured. Employees in the city working in low-wage occupations are least likely to have access to paid sick leave and are the least able to forego wages to take time off to recover or care for others who may be sick. Employees without earned sick time disproportionately experience poverty, unstable housing and hunger.

(d) Access to paid leave and the ability to take paid leave are not available equally across populations of different incomes or race/ethnicity. Structural racism is a factor not only in health disparities but also in the conditions that create health, such as paid sick leave policies. The city continues to increase in diversity of both residents and those who work in the City. People of color are more likely than white people in Minneapolis to be in low-paying, less secure jobs with few benefits or to work multiple jobs.

(e) The city became one of the first officially recognized community health boards following the passage of the original Minnesota Community Health Services Act in 1976. The city's community health board has the general responsibility for development and maintenance of a system of community health services, including promoting healthy communities and healthy behavior through activities that improve health in a population, such as investing in healthy families; engaging communities to change policies, systems, or environments to promote positive health or prevent adverse health; addressing issues of health equity, health disparities, and the social determinants to health; and preventing the transmission of infectious diseases.

(f) When workers have no paid sick leave or an inadequate amount available to them, they are more likely to come to work when they or their family members are sick. Absent the proper care needed for treatment or recovery, the ill worker's or ill family member's health problems may intensify or be prolonged.

(g) Employees who come to work when they are sick are likely to expose other employees, customers, and members of the public to infectious diseases, such as the flu. Workers with no paid sick leave, or an inadequate amount to take time off to care for a sick child, are likely to send sick children to school or a child care center, thereby potentially spreading contagious illnesses. The lack of access to paid sick leave has public health implications and has contributed to contagious disease outbreaks in Minnesota.

(h) Victims of domestic abuse, sexual assault and stalking with no paid sick leave are less able to receive medical treatment, participate in legal proceedings and obtain other necessary services. In addition, without paid sick leave, domestic abuse victims are less able to maintain the financial independence necessary to leave abusive situations, achieve safety, and minimize physical and emotional injuries.

(i) Paid sick and safe days will promote the safety, health and welfare of the people of the city by reducing the chances that worker's illnesses will intensify or be prolonged, by reducing the exposure of co-workers and members of the public to infectious diseases, and by reducing the exposure of children at schools and day cares to infectious diseases; resulting in a healthier and more productive workforce, better health for older family members and children, enhanced public health and improved family economic security.

(j) Paid sick and safe days will enable victims of domestic abuse, sexual assault, and stalking, and their family members to participate in legal proceedings, receive medical treatment, or obtain other necessary services and, thus, to maintain the financial independence necessary to leave abusive situations, achieve safety, and minimize physical and emotional injuries.

(k) Through the collective bargaining process, employers and represented workers can develop alternative means of meeting the policy goals underlying the paid leave requirements established by this ordinance.