

Memo

DATE: April 8, 2020
TO: CU*Answers Staff
FROM: Randy Karnes, CEO

SUBJECT: **INTRODUCING PROJECT AMAZON**

Over the next 2-3 weeks we will be introducing Project Amazon to all staff. Project Amazon is designed to prepare for the day when everyone starts coming back to work. How this looks from a remote work standpoint will probably fall somewhere between our current configuration where most of us work outside the building, and our pre-COVID configuration where most of us worked at a CU*Answers facility full time.

What that looks like remains to be determined, but in the meantime Project Amazon is intended to help reassure management and staff that we're still diligent and aware of the new COVID environment, post the shelter-in-place rules. We're focusing on what we can control, based on the external influences of our customers, the government, the public and the CU marketplace.

Project Amazon Documentation

Project Amazon comprises a set of procedures related to how employees and managers deal with an employee who has been affected by a coronavirus illness, whether their own or a family member's situation. It starts with simple instructions on what to do when a teammate raises their hand and says "I might have an issue." What do you do? Who do you engage? How do we all respond?



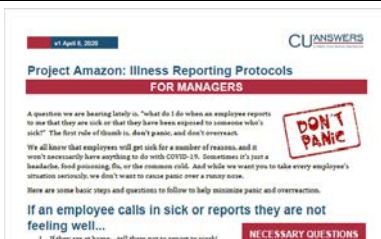
Project Amazon COVID-19 Illness Reporting Process

This document gives an overview of what Project Amazon is and, in particular, the process for reporting illness and all of our responsibilities to each other when working together post Project Restaurant.



Project Amazon: Illness Reporting Protocols for Employees

This document includes procedures for employees to follow if they or someone they know gets sick.



Project Amazon Illness Reporting Protocols for Managers

This document instructs managers on the steps to take if one of their employees reports that they or one of their family members are sick.



Project Amazon Facility Cleaning Protocols

This document outlines the basic protocols that will be followed should the EC issue an order for cleaning, based on the guidelines outlined in the Project Amazon COVID-19 Illness Reporting Process.

I'm not asking for everyone to read these documents in great detail or be ready to recite these procedures. You just need to be aware of them should a situation arise where you need to act. Everyone is more confident when everyone knows there's a plan and where to find it.

Project Amazon Forms

It's important for everyone to know that **we want you and your family to be well protected by every possible support program we can find.** So in addition to the protocols and procedures outlined above, ORD has also developed several new forms specifically related to reporting and responding to illness during Project Amazon.

After you report an illness, ORD will provide benefit and compensation counseling, whether to help you manage the transition from active employee to inactive, or even if you ultimately need to separate from the firm altogether.

The following forms are designed to help ORD explain and track your choices and help you develop a plan for the next 30 to 90 days, during which new options might arise that allow you to return to active status. **All forms will be completed by ORD after working with both you and your manager** to determine the best benefit and compensation programs for the situation.

Employee Illness Report

The image shows the "Employee Illness Report" form. It is titled "Project Amazon: Employee Illness Report" and "Operational Response Development". It includes a section for "Employee name" and "Manager name" with fields for "Today's date" and "Details". There are checkboxes for "Employee illness", "Employee family member illness", "Childcare needs", and "Other (specify)". There is also a section for "Available Time-off Options" with checkboxes for "FMLA" and "Other".

Employee Extended Paid Sick Leave Act (EPSLA) Request

The image shows the "Employee Extended Paid Sick Leave Act (EPSLA) Request" form. It is titled "Project Amazon: Employee Extended Paid Sick Leave Act (EPSLA) Request" and "Operational Response Development". It includes a section for "Employee name" and "Manager name" with fields for "Today's date" and "Details". There is a checkbox for "I am unable to work, even remotely, due to the following reason(s)". There is also a section for "Requesting a leave of absence for a qualifying reason for the following period" with fields for "From" and "To".

Family Medical Leave Act (FMLA) and Expanded Family Medical Leave Act (EFMLA) Request

The image shows the "Family Medical Leave Act (FMLA) and Expanded Family Medical Leave Act (EFMLA) Request" form. It is titled "Project Amazon: Family Medical Leave Act (FMLA) and Expanded Family Medical Leave Act (EFMLA) Request" and "Operational Response Development". It includes a section for "Employee name" and "Manager name" with fields for "Today's date" and "Details". There is a checkbox for "I am requesting a leave of absence for a qualifying reason for the following period" with fields for "From" and "To".

Conclusion

There is obviously no way a single document or even set of documents can consider every option and explain everything perfectly to everyone. But we must have written guidance and some processes that at least keep everyone on the same path as we deal with these things in the future. We've done our best to vet these documents with a number of team members in preparation for releasing them to you. Don't hesitate to reach out to me, the ORD team, or anyone on the Executive Council if you have questions!

You will see these documents on Nucleus starting the week of April 13.

Project Amazon

COVID-19 ILLNESS REPORTING PROCESS

Responsibilities of Working Together After Project Restaurant



Plan Summary and Timeframe to Respond

STEP 1 EMPLOYEE REPORT	STEP 2 RESEARCH FACTS	STEP 3 REPORT TO ORD	STEP 4 REPORT TO OTHER	STEP 5 ORD REPORT TO EXECUTIVES	STEP 6 EXECUTIVE ACTION
IMMEDIATE <i>Employee provides to manager a report of COVID-19 illness.</i>	~ 20 MINUTES <i>Manager to research facts before reporting to ORD (e.g. is the COVID-19 diagnosis confirmed by laboratory test?).</i>	IMMEDIATE <i>Manager to report facts and clearly label what has not been confirmed after research is completed.</i>	~ 15 MINUTES <i>Optional. If the manager cannot reach an ORD team member personally in 15 minutes, the manager may report to alternative staff.</i>	~ 60 MINUTES <i>ORD to review the information in light of CDC and other appropriate risk guidelines and make a recommendation to the Executive Council.</i>	~ 30 MINUTES <i>EC to determine actions on a case-by-case basis, which may include the cleaning protocol and appropriate notifications.</i>



Be calm.

Support each other.

Understand what to do if an employee reports an illness.

Project Amazon Overview

Our jobs involve us working with people face-to-face every day. CU*Answers is a collaborative cooperative and those principles includes our own internal teams. At times, we meet co-workers and clients who are sick, and we are still responsible for doing our work and getting the job done. With the concerns at an all-time high, our job is to help you by providing a process for reporting possible pandemic-related events.

*For example, if you heard there was an issue affecting credit unions using CU*BASE, we would expect you research the issue, learn the facts, and provide accurate reports to the team. This same type of process will apply here.*

Our teams, working with experts and with guidance from the **Center for Disease Control (CDC)** have put together a process for reporting possible employee exposure to COVID-19. This process is part of **Project Amazon** and can be summarized by the following three concepts:

Stay Calm

Learn the Facts

Report Accurately

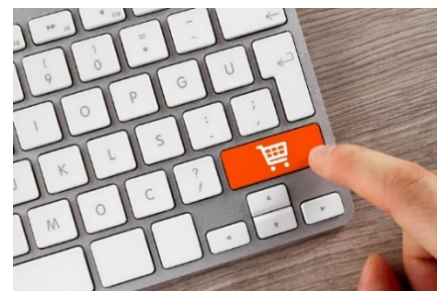
If someone reports that they have or have been exposed to someone with the COVID-19 or other serious infection, your responsibility is to be calm, learn what is going on, and report to ORD and executive management. Our teams will look at the CDC guidance and make the decisions on how to react and report.

By following the Project Amazon process, you will help limit panic, false rumors, and help our team coordinate our responses under Project Restaurant. **We are all in this together, and we are here to help!**

This process is temporary for the duration of Project Restaurant. This process is subject to monthly review, amendment, and revocation by the Executive Council.

Why “Project Amazon”?

We called our overall pandemic response plan “Project Restaurant” because restaurants in Michigan were ordered to close with no warning. Our cooperative needed to be ready in case the government mandated a similar order for our cooperative. “Project Amazon” reminds us that major companies such as Amazon operate with thousands of employees at a single location, and millions of square feet of property. These companies cannot just drop everything and sanitize based on innuendo. Project Amazon ensures we have a process for communicating responsibly and taking appropriate actions.



Process for a Report of Illness or Exposure

One of the challenges in a time of a pandemic is not just to control the disease, but also to control the spread of panic and misinformation. In addition, companies have a responsibility to keep employee health information private. The **Project Amazon** process is designed not only to protect you n against disease and panic, but also to consider federal and state privacy compliance requirements.

1

Report to Manager. If an employee reports **COVID-19** or a family member with COVID-19, this information should be reported to the employee's Manager. Employees should not report a diagnosis unless it has been confirmed by a health care physician. **Employees do not need to report every case of illness.** Employees should follow standard reporting/time off requests as described in Project Restaurant. Per HIPAA/ADA regulations, employees should refrain from discussing any other employee's health care information with anyone other than their Manager or ORD.

2

Managers Learn the Facts. Managers should spend a reasonable period of time (~20 minutes) to find out the facts. The most important questions are whether (1) has there been an **official confirmation** by health care physician of COVID 19, and (2) is the employee or close relative **showing symptoms** of COVID 19? Gather as many relevant details as possible before reporting to ORD. If facts cannot be confirmed, ORD needs to be advised as such. Any questions a Manager receives about the process should be deferred with the explanation that Managers cannot release any health-related information about an employee due to HIPAA/ADA.

3

Report to ORD. The Manager should report to ORD the facts. If facts cannot be confirmed, ORD should be advised as such. If information is conveyed to ORD by email, the Manager should **confirm** ORD has received and is reviewing the information. If no member of the ORD Team can be contacted in a reasonable period (~15 minutes), the Internal Auditor, the Business Resumption Team, or a member of the Executive Council can be contacted directly.

4

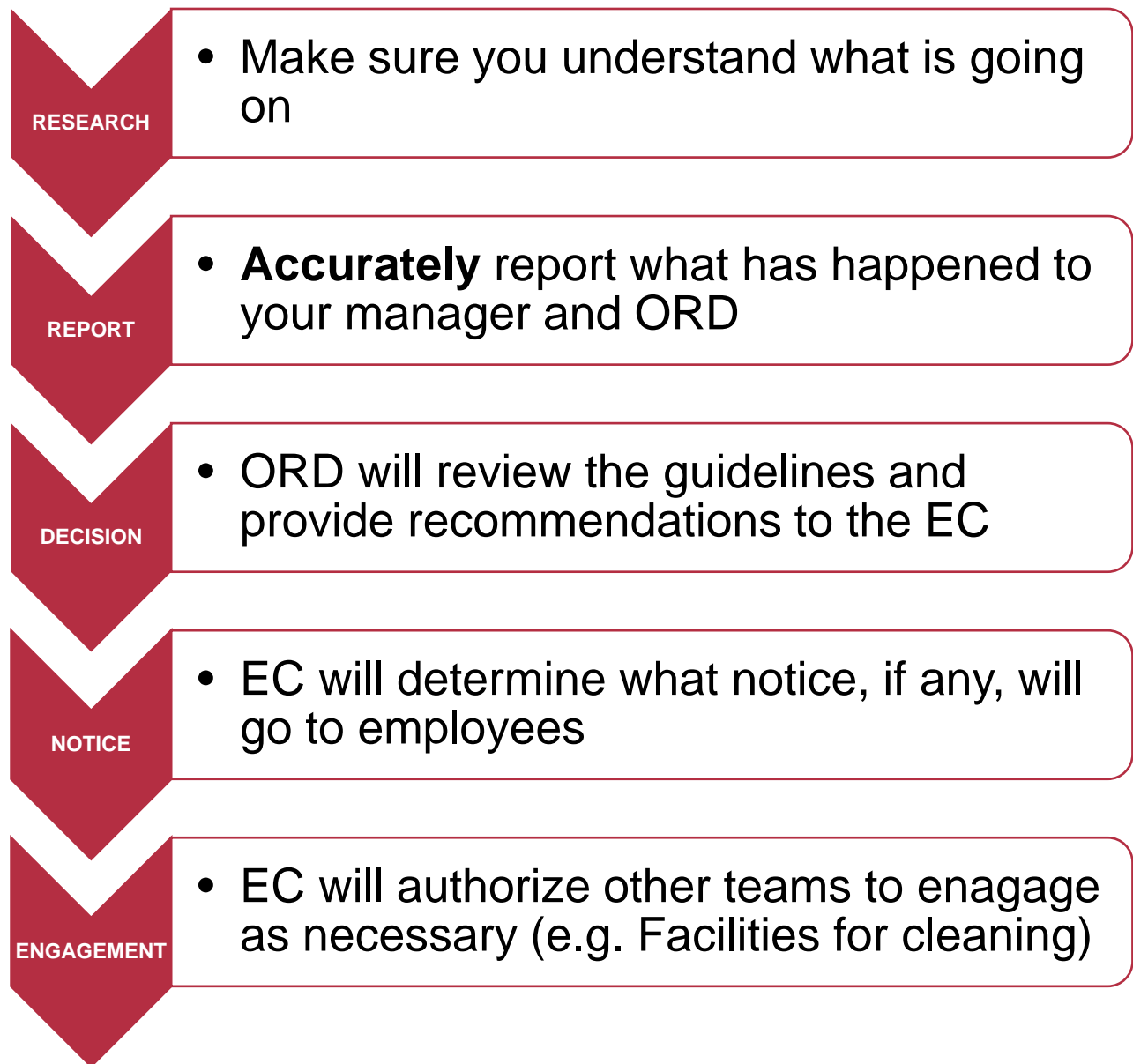
ORD to Research. ORD will determine appropriate recommendations on a case-by-case basis. ORD will assist in researching the details as reported by the Manager and will review CDC or other recommendations as appropriate under the circumstances.

5

Report to Executive Council. ORD will report facts, as confirmed, along with recommendations based on research, within a reasonable period (~60 minutes). ORD will reference any recommendations made by the CDC in the report. ORD will also provide the Executive Council with appropriate HIPAA/ADA guidance.

6

Executive Council to Engage. On a case-by-case basis, the Executive Council will determine appropriate actions. This includes, but is not limited to, engaging Facilities to perform cleaning, providing notification to the team(s) affected, and having employees work remotely until further notice.



Contacts

TEAM	NAME	EXTENSION	CELL
ORD	Amber Overla	727	xxx-xxx-xxxx
	Heather Howard	444	xxx-xxx-xxxx
	Brandon Shaw	747	xxx-xxx-xxxx
	Michael Cirivello	827	xxx-xxx-xxxx
INTERNAL AUDIT	Patrick Sickels	335	xxx-xxx-xxxx
BUSINESS RESUMPTION	Jim Lawrence	156	xxx-xxx-xxxx
	Danielle Caliendo	152	xxx-xxx-xxxx
EXECUTIVE COUNCIL	Randy Karnes	101	xxx-xxx-xxxx
	Bob Frizzle	142	xxx-xxx-xxxx
	Geoff Johnson	154	xxx-xxx-xxxx
	Scott Collins	103	xxx-xxx-xxxx
	Dave Wordhouse	185	xxx-xxx-xxxx
	Brian Maurer	561	xxx-xxx-xxxx

ORD Criteria for Action

Although ORD will establish criteria for actions and reports to the Executive Council on a case-by-case basis, the recommendations will be informed by the CDC guidance, as appropriate. The Executive Council will review and take action, if any, after reviewing the recommendations.

CDC Risk Assessment Recommendations

NO RISK	<ul style="list-style-type: none"> Interactions with a person with symptomatic laboratory-confirmed COVID-19 infection that do not meet any of the high-, medium- or low-risk conditions below, such as walking by the person or being briefly in the same room.
LOW	<ul style="list-style-type: none"> Being in the same indoor environment (e.g., a classroom, a hospital waiting room) as a person with symptomatic laboratory-confirmed COVID-19 for a prolonged period of time but not meeting the definition of close contact.
MEDIUM	<ul style="list-style-type: none"> Close contact with a person with symptomatic laboratory-confirmed COVID-19 On an aircraft, being seated within 6 feet (two meters) of a traveler with symptomatic laboratory-confirmed COVID-19 infection; this distance correlates approximately with 2 seats in each direction Living in the same household as, an intimate partner of, or caring for a person in a nonhealthcare setting (such as a home) to a person with symptomatic laboratory-confirmed COVID-19 infection while consistently using recommended precautions for home care and home isolation
HIGH	<ul style="list-style-type: none"> Living in the same household as, being an intimate partner of, or providing care in a nonhealthcare setting (such as a home) for a person with symptomatic laboratory-confirmed COVID-19 infection without using recommended precautions for home care and home isolation

Close contact is defined as (a) being within approximately 6 feet (2 meters) of a COVID-19 case for a prolonged period of time; close contact can occur while caring for, living with, visiting, or sharing a healthcare waiting area or room with a COVID-19 case or (b) having direct contact with infectious secretions of a COVID-19 case.

CDC Risk Management Recommendations

RISK	ASYMPTOMATIC	SYMPTOMATIC
NO RISK	<ul style="list-style-type: none"> None 	<ul style="list-style-type: none"> Self-isolation, social distancing Person should seek health advice to determine if medical evaluation is needed Travel on commercial conveyances should be postponed until no longer symptomatic
LOW	<ul style="list-style-type: none"> No restriction on movement Self-observation 	<ul style="list-style-type: none"> Self-isolation, social distancing Person should seek health advice to determine if medical evaluation is needed Travel on commercial conveyances should be postponed until no longer symptomatic
MEDIUM	<ul style="list-style-type: none"> If close contact, recommendation to remain at home or in a comparable setting Practice social distancing Active monitoring as determined by local priorities Recommendation to postpone long-distance travel on commercial conveyances 	<ul style="list-style-type: none"> Self-isolation Person should seek health advice to determine if medical evaluation is needed Air travel only via air medical transport
HIGH	<ul style="list-style-type: none"> Quarantine (voluntary or under public health orders) in a location to be determined by public health authorities No public activities Daily active monitoring, if possible, based on local priorities Controlled travel 	<ul style="list-style-type: none"> Immediate isolation Person should seek health advice to determine if medical evaluation is needed Air travel only via air medical transport

Our Project Amazon Protocols

Following are supplemental documents that explain specific procedures for reporting illness and responding to reported illnesses. All can be found on the Project Amazon page on Nucleus (you'll find this on the ORD team page).

Illness Reporting Protocols for Employees

Project Amazon: Illness Reporting Protocols FOR EMPLOYEES

As of April 6, 2020

We understand that many of our employees will get sick, not necessarily from the coronavirus, but from the common cold, flu, or other illnesses. When someone is ill, the following procedures are intended to help us assess the risk and exposure for all staff.

If you're at home and feeling sick → **STAY HOME!**

OR

If you're at work and you start feeling sick → **Notify your manager** → **GO HOME!**

What do we mean by "sick"? There are a lot of reasons people get sick. We are not doctors and cannot diagnose you, so if you are concerned, you should seek medical advice. We are relying on each other to use good judgment, so when in doubt, take appropriate safety measures.

If you're not feeling well...

- Do home (or stay home)!
- If you have any of the COVID-19 symptoms - fever, dry cough, tiredness, or difficulty breathing - we want you to self-quarantine until you can discuss with your doctor a plan to treat or test and to return to work.
- If you are not feeling well but do not have COVID-19 symptoms, we encourage you to talk to your doctor and to follow their recommended treatment plan.
 - At a minimum you should be symptom-free for 24 hours before returning to work.
- Report to your manager and provide your answers to the "Necessary Questions" (on right).
- Your manager will contact ORD and receive advice, and will then contact you with further instructions.

NECESSARY QUESTIONS

A. What is wrong? (be specific: if you've been diagnosed with the flu, say so; if you have flu-like symptoms but no official diagnosis, say so. Repeat if you have a fever or a headache, and so on.)

B. Have you spoken with your doctor?

C. Is your doctor telling you for COVID-19?

D. What is your doctor's recommended action plan?

Project Amazon - Illness Reporting Protocol for Employees (Page 1 of 2)

Illness Reporting Protocols for Managers

Project Amazon: Illness Reporting Protocols FOR MANAGERS

As of April 6, 2020

A question we are hearing lately is, "what do I do when an employee reports to me that they are sick or that they have been exposed to someone who's sick?" The first rule of thumb is, don't panic and don't overreact.

We all know that employees will get sick for a number of reasons, and it won't necessarily have anything to do with COVID-19. Sometimes it's just a headache, food poisoning, flu, or the common cold. And while we want you to take every employee's situation seriously, we don't want to cause panic over a noisy tone.

Here are some basic steps and questions to follow to help minimize panic and overreaction.

If an employee calls in sick or reports they are not feeling well...

- If they are at home... tell them not to report to work!
- If they are already at work... send them home!
- Ask the "Necessary Questions" (on right).
- If they have not yet spoken with their doctor, suggest they do so.
- Contact ORD and review the situation, including the answers to the Necessary Questions.
- Let the employee know that ORD will be reaching out to them with additional details.
- ORD will advise you based on our protocols and appropriate CDC guidelines.

If an employee has been near someone who is not feeling well...

- Ask them if they are also feeling sick.
 - If yes, proceed through the steps in the previous section.
 - If no, proceed to step 2 below.
- Ask if the person they have been in contact with has officially diagnosed with COVID-19.
 - If so, let them know that they can take PTO and self-quarantine if they feel it is necessary, or they may continue working.
 - If yes, proceed to step 3 below.
- Find out when they last had contact with that person.
- Find out what that contact entailed.

NECESSARY QUESTIONS

A. What is wrong? (be specific: if you've been diagnosed with the flu, say so; if you have flu-like symptoms but no official diagnosis, say so. Repeat if you have a fever or a headache, and so on.)

B. Have you spoken with your doctor?

C. Is your doctor telling you for COVID-19?

D. What is your doctor's recommended action plan?

Project Amazon - Illness Reporting Protocol for Managers (Page 1 of 2)

Facility Cleaning Protocols

Project Amazon: Facility Cleaning Protocols

As of April 6, 2020

Per our COVID-19 Response Process, the Executive Council may authorize Facilities to perform cleaning of work and common areas if an employee has reported a diagnosis of COVID-19. Facilities will follow a process as outlined by the Center for Disease Control (CDC) guidelines and with the intent of reducing the risks to staff.

The Executive Council will issue an order of cleaning on a case-by-case basis, and Facilities will not perform cleaning according to this protocol without authorization from the Executive Council.

Facilities Cleaning Protocols

Facilities will utilize the appropriate cleaners/disinfectants as recommended by the CDC to properly sanitize the workstation. This will apply to common areas if cleaning is authorized by the Executive Council.

Facilities team will utilize gloves, masks and bleach cleaners to clean the affected workstation area as well as other disinfectant products that we have on-site.

Cleaning Step One: First step is to bleach the work surfaces and anything touched with hands. Bleaching will be confined only to areas that will not be touched from the bleach.

Cleaning Step Two: Facilities will use disinfecting wipes and/or spray to clean all remaining affected workstation areas on which bleach cannot be used.

Cleaning Step Three: Facilities will spray any workstation fabric/chairs with disinfectant spray.

Cleaning Step Four: Facilities will wipe down any areas connected to the infected workstation area, for example adjoining workstation walls, or possibly even the full workstation surrounding the infected area.

Facilities will notify Executive Cleaners and have them do a second sweep of the affected area, as well as adjoining cubicles, to make sure everything has been properly cleaned.

At the request of the Executive Council, Facilities will complete a third sweep of the workstation or surrounding workstations.

This process is temporary for the duration of Project Amazon. This process is subject to monthly review, amendment, and revocation by the Executive Council.

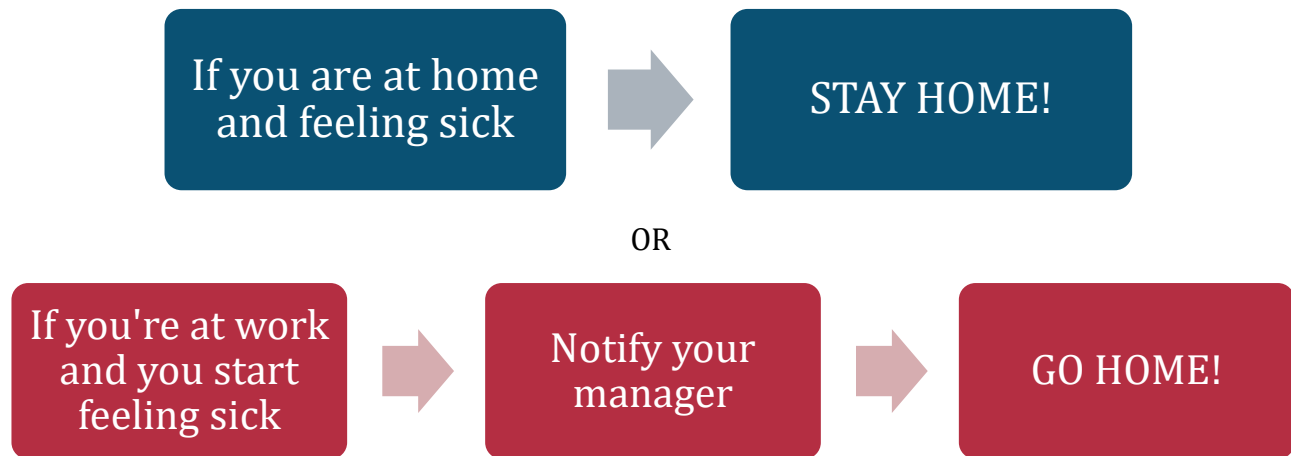




Project Amazon: Illness Reporting Protocols

FOR EMPLOYEES

We understand that many of our employees will get sick, not necessarily from the coronavirus, but from the common cold, the flu, or other illnesses. When someone is ill, the following procedures are intended to help us assess the risk and exposure for all staff:



What do we mean by “sick?” There are a lot of reasons people get sick. We are not doctors and cannot diagnose you, so if you are concerned, you should seek medical advice. We are relying on each other to use good judgment, so when in doubt, take appropriate safety measures.

If you're not feeling well...

- 1 Go home (or stay home)!
- 2 If you have any of the COVID 19 symptoms – fever, dry cough, tiredness, or difficulty breathing – we want you to self-quarantine until you can discuss with your doctor a plan to treat or test and to return to work
- 3 If you are not feeling well but do not have COVID-19 symptoms, we encourage you to talk to your doctor and to follow their recommended treatment plan
 - ⇒ *At a minimum you should be symptom free for 24 hours before returning to work*
- 4 Report to your manager and provide your answers to the “Necessary Questions” (at right)
- 5 Your manager will contact ORD and receive advice, and will then contact you with further instructions

NECESSARY QUESTIONS

TO REPORT TO YOUR MANAGER

- A What is wrong?
Be specific. If you've been diagnosed with the flu, say so. If you have flu-like symptoms but no official diagnosis, say so. Report if you have a fever or a headache, and so on.
- B Have you spoken with your doctor?
- C Is your doctor testing you for COVID19?
- D What is your doctor's recommended action plan?

If someone near you isn't feeling well...

IF COVID-19 EXPOSURE HAS BEEN CONFIRMED

If you have been exposed to someone who has been **officially diagnosed with COVID-19**, you should report that to your manager immediately. Be prepared to answer the following questions:

- 1 Has the person been diagnosed with COVID 19?
 - ⇒ If **no**, take PTO and self-quarantine, or continue working
 - ⇒ If **yes**, proceed to step 2 below
- 2 Report the type of exposure:
 - ⇒ Were you in the same room or building but **without any direct contact** (meaning contact within 6 feet)? If so, proceed to step 3 below
 - ⇒ Did you have **direct contact** or contact within 6 feet (such as riding together in a car or plane)? If so, you should self-quarantine for 14 days
 - ⇒ Did you have **close personal contact** (such as a spouse or someone for whom you provide daily living care)? If so, you should self-quarantine for 14 days
- 3 Are you experiencing any COVID-19 symptoms yourself?
 - ⇒ If **no**, take PTO and self-quarantine, or await a recommended action plan from your manager
 - ⇒ If **yes**, self-quarantine and seek medical advice

IF COVID-19 EXPOSURE IS SUSPECTED

If you have been exposed to someone who **thinks** they may have COVID-19 **but has not been tested**, you should report to your manager immediately. Be prepared to answer the following questions:

- 1 Is that person symptomatic?
 - ⇒ If **no**, continue your normal work procedures
 - ⇒ If **yes**, proceed to step 2 below
- 2 Has the person been *diagnosed* with COVID-19?
 - ⇒ If **no**, use PTO and self-quarantine or continue as normal
 - ⇒ If **yes**, proceed to step 3 below
- 3 Are you experiencing any COVID-19 symptoms yourself?
 - ⇒ If **no**, use PTO and self-quarantine, or continue working as usual
 - ⇒ If **yes**, self-quarantine and seek medical advice

If you are quarantined due to your own personal illness, ORD will reach out to you with FMLA and short-term disability paperwork.

This process is temporary for the duration of Project Amazon. This process is subject to monthly review, amendment, and revocation by the Executive Council.

Project Amazon: Illness Reporting Protocols

FOR MANAGERS

A question we are hearing lately is, “what do I do when an employee reports to me that they are sick or that they have been exposed to someone who’s sick?” The first rule of thumb is, **don’t panic**, and don’t overreact.



We all know that employees will get sick for a number of reasons, and it won’t necessarily have anything to do with COVID-19. Sometimes it’s just a headache, food poisoning, flu, or the common cold. And while we want you to take every employee’s situation seriously, we don’t want to cause panic over a runny nose.

Here are some basic steps and questions to follow to help minimize panic and overreaction.

If an employee calls in sick or reports they are not feeling well...

- 1 If they are at home... tell them not to report to work!
- 2 If they are already at work... send them home!
- 3 Ask the “Necessary Questions” (at right)
- 4 If they have not yet spoken with their doctor, suggest they do so
- 5 Contact ORD and review the situation, including the answers to the Necessary Questions
- 6 Let the employee know that ORD will be reaching out to them with additional details
- 7 ORD will advise you based on our protocols and appropriate CDC guidelines

NECESSARY QUESTIONS

TO ASK AN EMPLOYEE WHO’S SICK

- A What is wrong?
Be specific. If you’ve been diagnosed with the flu, say so. If you have flu-like symptoms but no official diagnosis, say so. Report if you have a fever or a headache, and so on.
- B Have you spoken with your doctor?
- C Is your doctor testing you for COVID19?
- D What is your doctor’s recommended action plan?

If an employee has been near someone who is not feeling well...

- 1 Ask them if they are also feeling sick
 - ⇒ If **yes**, proceed through the steps in the previous section
 - ⇒ If **no**, proceed to step 2 below
- 2 Ask if the person they have been in contact with been **officially diagnosed** with COVID-19
 - ⇒ If **no**, let them know that they can take PTO and self-quarantine if they feel it is necessary, or they may continue working
 - ⇒ If **yes**, proceed to step 3 below
- 3 Find out when they last had contact with that person
- 4 Find out what that contact entailed:

- ⇒ If they were in the same room or building but had **no direct contact** (meaning contact within 6 feet), proceed to step 4 below
- ⇒ If they had **direct contact** or contact within 6 feet (such as riding together in a car or plane), tell them to self-quarantine* for 14 days
- ⇒ If they had **close personal contact** (such as a spouse or someone for whom you provide daily living care), tell them to self-quarantine* for 14 days

**Note: If remote work is an option, please allow them to do so; otherwise inform them that they will be on PTO*

- 5 Ask if they are experiencing any COVID-19 symptoms
 - ⇒ If **no**, let them know if they are concerned, they can take PTO and self-quarantine or await recommended action plan from ORD and the EC
 - ⇒ If **yes**, tell them to immediately self-quarantine and seek advice of medical professional. Explain also that you are putting them on PTO and that ORD will reach out with FMLA and short-term disability paperwork
- 6 Contact ORD and report the answers to questions 1 to 5
- 7 ORD will advise as to additional actions based on our protocols and appropriate CDC guidelines

Once again, don't panic, and maintain a calm attitude that helps your employee avoid panic, as well. If you have any questions or encounter a situation where you are unclear how to apply these protocols, immediately contact a member of the ORD team.

Reporting Instructions

Remember you may be dealing with confidential medical information. Please refrain from sharing any details with anyone outside of ORD or the Executive team.

1. First action: make sure any sick employees are out of the building.
2. You may not be able to get answers to all the questions immediately, so ask the employee to contact you once they are home and/or have spoken with their medical provider.
3. You should contact ORD within 20 minutes of being informed by an employee regardless of whether you have all the answers requested.

This process is temporary for the duration of Project Amazon. This process is subject to monthly review, amendment, and revocation by the Executive Council.

Guest COVID-19 Acknowledgment Form

CU*Answers is a community of credit union and CUSOs. All of us are urged by the government to be ready to help consumers in these times. Our government is calling on critical businesses to pull our country forward. To this end, CU*Answers is instituting a policy requiring guests to agree to not enter CU*Answers premises if any guest presents a significant risk to our provision of critical infrastructure services.

The top priority of CU*Answers is the provision of services of our clients. If any guest is unwilling or unable to visit CU*Answers premises, our teams are ready to provide support through remote technology.

Purpose and Policy

CU*Answers is defined under the both Michigan Executive Order 2020-12 and the Department of Homeland Security as a provider of “critical infrastructure” services, including but not limited to the provision, processing and maintaining of systems for processing, verification, and recording of financial transactions and services, including payment, clearing, and settlement. Under Michigan Executive Order 2020-21, CU*Answers is obligated to adopt practices and mitigation measures to protect workers. This includes adopting policies to limit persons from entering the premises if these guests have a confirmed COVID-19 diagnosis or display respiratory symptoms of COVID-19 as defined as by the Centers for Disease Control (CDC).

By signing this acknowledgment form, the undersigned guest acknowledges both (1) the guest has not been diagnosed with a laboratory-confirmed COVID-19 infection; nor (2) displays respiratory symptoms of COVID-19 as defined as by the CDC. In addition, guests agree to follow any CU*Answers policies designed to reduce the risk of COVID-19 transmission.

Completed forms will be provided securely to the CU*Answers VP of Administration.

This is a one-time acknowledgment.

_____/_____/_____
Guest Name Organization Name Date

This form will be applicable for the duration Executive Order 2020-21 or other applicable federal and state regulations.

Project Amazon: Facility Cleaning Protocols

Per our COVID 19 Response Process, the Executive Council may authorize Facilities to perform cleaning of work and common areas if an employee has reported a diagnosis of COVID 19. Facilities will follow a process as outlined by the **Center for Disease Control** (CDC) guidelines and with the intent of reducing the risks to staff.

The Executive Council will issue an order of cleaning on a case-by-case basis, and Facilities will not perform cleaning according to this protocol without authorization from the Executive Council.

Facilities Cleaning Protocols

Facilities will utilize the appropriate cleaners/disinfectants as recommended by the CDC to properly sterilize the workstation. This will apply to common areas if cleaning is authorized by the Executive Council.

Facilities team will utilize gloves, masks and bleach cleaners to clean the affected workstation area as well as other disinfectant products that we have onsite.

Cleaning Step One. First step is to bleach the worksurfaces and anything touched with hands. Bleaching will be confined only to areas that will not be ruined from the bleach.

Cleaning Step Two. Facilities will use disinfecting wipes and or spray to clean all remaining affected workstation areas on which bleach cannot be used.

Cleaning Step Three. Facilities will spray any workstation fabric/chairs with disinfectant spray.

Cleaning Step Four. Facilities will wipe down any areas connected to the infected workstation area, for example adjoining workstation walls, or possibly even the full workstation's surrounding the infected area.

Facilities will notify Executive Cleaners and have them do a second sweep of the affected area, as well as adjoining cubes, to make sure everything has been properly cleaned.

At the request of the Executive Council, Facilities will complete a third sweep of the workstation or surrounding workstations.

This process is temporary for the duration of Project Amazon. This process is subject to monthly review, amendment, and revocation by the Executive Council.

Employee Illness Report

Rev: 3/27/2020

This form is to be completed by the ORD team and used to report employee illnesses to the Executive Council team during the duration of Project Amazon. *This process is temporary and subject to monthly review, amendment, and revocation by the Executive Council.*

Choose one:



Employee name

Team

Manager name

Today's date

Reason**Details**

- ☐ Employee illness
- ☐ Employee family member illness
- ☐ Childcare needs
- ☐ Other (explain)

Available Time-off Options

Eligible?**Option****Details**

- ☐ Paid Sick Leave under EPSLA
- ☐ FMLA
- ☐ Extended FMLA
- ☐ Normal PTO
- ☐ Exception needed (explain)

Proposed Plan

30-day Plan

60-day Plan

90-day Plan

CEO Acknowledgment

Date

CEO comments or exceptions

Employee Extended Paid Sick Leave Act (EPSLA)

Rev: 4/8/2020

This form is to be completed by employees who are requesting assistance via provisions under the Extended Paid Sick Leave Act, during the duration of Project Amazon. Submit the completed form to the ORD team. **CU*Answers agrees that it will approve Paid Leave under the requirements of applicable law.**

Choose one:



Employee name

Team

Manager name

Today's date

Request Details
☐ I am unable to work due to the following reason(s):

☐ I am requesting a leave of absence for a qualifying reason for the following period:

From

To

Check the box for that best explains your availability to work:

☐

I am unable to work at all

☐

I am able to telework only

☐

I am able to work a reduced schedule in the office (explain availability):

☐

I am able to work a reduced remote schedule (explain availability):

Select the statement below that best describes your qualifying reason to leave:

☐

I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19.

Name of government entity
issuing this order
☐

I have been advised by a health care provider to self-quarantine related to COVID-19.

☐

I am experiencing COVID-19 symptoms and seeking a medical diagnosis.

☐

I am caring for an individual subject to Federal, State, or local quarantine or isolation order related to COVID-19 or have been advised by a health care provider to self-quarantine related to COVID-19.

continued >>>

☐ I am caring for a child whose school or place of care is closed (or childcare provider is unavailable) for reasons related to COVID-19.

☐ I have been unable to secure another suitable person to care for my child(ren).

*Name and age of child(ren)
being cared for*

*Name of school, place of care, or
child care provider that has
closed or become unavailable*

☐ I am experiencing another substantially-similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury.

Documentation to support this request should include school district closure notice, childcare closure notice, doctors' note (name and contact below), or government quarantine order. (Attach to this form when submitting.)

Physician ordering self-quarantine

Physician contact number

By signing below, I certify that every statement made by me and all documentation provided by me to substantiate my statements are true and complete.

Signature

Date

Disclosure: The information being requested is based on our current understanding of governmental requirements and is subject to change based on future requirements.

Family Medical Leave Act (FMLA) and Expanded Family Medical Leave Act (EFMLA) Request

Rev: 4/8/2020

This form is to be completed by employees who are requesting assistance under the Family Medical Leave Act (FMLA) or the Expanded Family Medical Leave Act (EFMLA). Submit the complete form to ORD. **CU*Answers agrees that it will provide leave under the requirements of the applicable laws.** Once complete a member of the ORD team will be in touch with you to discuss a plan for your team.

Choose one:



Employee name

Team

Manager name

Today's date

FMLA provide 12 weeks of unpaid job protection for those who qualify. EFMLA provides 10 weeks of leave paid at two-thirds ($\frac{2}{3}$) of your regular rate plus two (2) weeks unpaid. If you would like to use Emergency Paid Sick Leave (EPSL) to cover the first two weeks, please complete the separate Emergency Paid Sick Leave Request form. **For all COVID-related leaves, after the initial two-week leave you will be required to use all available forms of leave to ensure 100% compensation.**

Request Details

☐ I am requesting FMLA or EFMLA leave because (explain):

☐ I am requesting a leave of absence for a qualifying reason for the following period:

From

To

Based on the Department of Labor guidelines I qualify for the following leave:

EFMLA Qualifying Reasons

☐ I am caring for a child whose school or place of care is closed (or childcare provider is unavailable) for reasons related to COVID-19

☐ I have been unable to secure another suitable person to care for my child(ren).

Name and age of child(ren)
being cared for

Name of school, place of care, or
child care provider that has
closed or become unavailable

FMLA Qualifying Reasons

- ☐ The birth of a child and to care for the newborn child within one year of birth
- ☐ The placement of a child for adoption or foster care and to care for the newly placed child within one year of placement

continued >>>

- ☐ To care for my spouse, child, or parent who has a serious health condition
- ☐ A serious health condition that makes me unable to perform the essential functions of my job
- ☐ To care for a spouse, son, daughter, parent, or next of kin who is a service member on "covered active duty" with a serious injury or illness (military caregiver leave)

Request Details (check the box for that best explains your availability):

- ☐ I am unable to work at all
- ☐ I am able to telework only
- ☐ I am able to work a reduced schedule in the office (explain availability):

- ☐ I am able to work a reduced remote schedule (explain availability):

Documentation to support this request should include school district closure notice, childcare closure notice, doctor's note (name and contact below), government quarantine order, or appropriate FMLA medical certification. (Attach to this form when submitting.)

Physician ordering self-quarantine

Physician contact number

By signing below, I certify that every statement made by me and all documentation provided by me to substantiate my statements are true and complete.

Signature

Date

Disclosure: The information being requested is based on our current understanding of governmental requirements and is subject to change based on future requirements.

Project Amazon: PTO Donation Program

If there's one thing the COVID-19 event has shown us, it's that CU*Answers staff are resilient, upbeat, and ready to tackle any challenge. And that includes supporting their colleagues as well as the clients and communities we serve. This has always been true, but even more so now as people see their teammates struggling to juggle family responsibilities along with a shifting work environment.

Early on the ORD team heard from many team members who wanted to do what they could to help, including being willing to give up some of their unused time off so that someone else who needed it more could use it instead. It is in that spirit of cooperation that we developed the **Project Amazon PTO Donation Program**.

Donating Your Extra PTO

This program lets employees voluntarily donate their own paid time off (PTO) into a temporary fund, to be used by eligible employees in need. The idea is to provide assistance, in the form of paid time off, to employees who have exhausted their own PTO as a result of the current pandemic.

This program is intended to be temporary, and the fund would close once we resume standard operations. It's not meant to replace one-off situations during the course of a normal year, although we could reintroduce it the event of another "major disaster exception" as defined by the IRS.

How Donations Work

All CU*Answers employees are eligible to donate to a Company PTO Donation Fund. These donations are made voluntarily and privately by staff. In order to donate PTO, staff will be required to complete the **PTO Donation Form** (see attached) and submit to the ORD Team.

By signing and submitting the PTO Donation Form, you approve ORD to remove that time from your PTO balance. **Once it's donated, that time is forfeited and cannot be returned to you.** In the event you need additional PTO later, you'd need to go through the request process described on the next page.

Employees may donate hours from the following PTO categories:

- Vacation
- Personal
- Sick

Self-Insured Benefit time is not eligible for donating.

The donations are made to a general fund. Sorry, you can't ask for your time to be allocated to a specific individual or team.

Regardless of the contributing employee's salary, all hours will count at a 1:1 ratio. For example, an hour contributed by an employee making \$80,000 annually will not count as double the value of an hour contributed by an employee making \$40,000 annually.

A donation period will be made available to staff, in which they can submit their PTO Donation Forms, and donations won't be accepted after that period. The first donation period will be May 1st - 30th. Future donation periods will be determined by the VP of ORD and the Executive Council.

DONATIONS WILL BE
ACCEPTED

May 1
TO
May 30

SO DONATE TODAY!

Requesting PTO If You Need It

Eligibility

Any full- and part-time employee is eligible to apply for paid time off from the company PTO Donation Fund, as long as you meet these basic guidelines:

1. You've successfully passed your 90-day introductory period.
2. You're not currently in a performance/behavior corrective action period.
3. You've exhausted all PTO balances.
4. You've exhausted all government leave and paid time off options.
5. You provide supporting documentation regarding the need for leave and are unable to work or telework. Applicable reasons include *(these are all qualifying reasons as defined by the Department of Labor)*:
 - Subject to federal, state, or local quarantine or isolation order related to COVID-19.
 - Has been advised by a health care provider to self-quarantine related to COVID-19.
 - Is experiencing COVID-19 symptoms and is seeking a medical diagnosis.
 - Is caring for an individual subject to an order as described above.
 - Is caring for his or her child whose school or place of care is closed due to COVID-19 related reasons.
 - Is experiencing any other substantially similar condition as specified by the U.S. Department of Health and Human Services.

Application Process

To be considered for receiving additional paid time off from the community donation fund, eligible employees must complete the **PTO Request Form** (see attached) in order. These forms will be reviewed and are first subject to approval by the VP of ORD. Any denials other than hours not available in the company fund may be appealed to the CEO for final approval/denial.

Requests can be made for up to 40 hours of PTO. Any amount needed beyond this will require you to resubmit an additional PTO Request Form for approval. All requests will be completed in the order in which they were received, no exceptions. In the event the fund is empty, ORD will work with the Executive Council to identify other options that may be available to you.

Sunseting the Program

Once CU*Answers has resumed standard operations, as declared by federal and state governments, the COVID-19 PTO Donation Program will be discontinued. However, donations will remain in the company PTO Donation Fund. These funds may be used in the aftermath of the event, for employees who experience a hardship as a direct result from the COVID-19 pandemic.

For example, say an employee exhausted all their PTO during the COVID-19 pandemic and has a legitimate need for PTO at a later date that is not specifically COVID-19 related. This example would fall under the eligibility requirement of "experiencing any other substantially similar condition as specified by the U.S. Department of Health and Human Services."

While this current event may extend further, we're hoping the company PTO Donation Fund will be discontinued at the end of the 2020 fiscal year. If there are donations still in the fund at that time, the VP of ORD will work with the Executive Council to determine next steps regarding any remaining PTO in the fund. If the pandemic continues through the end of the fiscal year, the PTO Donation Fund will continue as normal.

This process is temporary for the duration of Project Amazon. This process is subject to monthly review, amendment, and revocation by the Executive Council.

PTO Donation Form

Rev: 4/3/2020

Complete this form if you wish to donate your own paid time off (PTO) hours to the company PTO Donation Fund. **Submit the signed form to the [ORD Team](#).**

Choose one:

Employee
name

Team

Today's date

- ☐ I wish to donate hours from my own PTO to the Company PTO Donation Fund. I understand that once I submit this, that time is forfeited and cannot be returned to me. Following is the type of PTO and number of hours I wish to donate:

Type of PTO	# of Hours I Wish to Donate
Vacation	
Personal	
Sick	
Total # of Hours	

By signing below, I agree to donate my own paid time off, as listed above, to the company PTO Donation Fund.

Signature

Date

PTO Request Form

Rev: 4/3/2020

Complete this form if you wish to request paid time off (PTO) hours from the Company PTO Donation Fund. **Submit the signed form to the ORD Team.**

Choose one:



Employee
name

Team

Today's date

Please explain why you are requesting PTO. **Be sure attach supporting documentation to this form.**

To confirm your eligibility, review and mark that each of the following statements is true:

- ☐ I have exhausted all my PTO balances.
- ☐ I have exhausted all government leave and paid time off options.
- ☐ I have successfully completed my 90-day introductory period.
- ☐ I am not currently in a performance/behavior corrective action period.

By signing below, I confirm that all information provided on this form is truthful, to the best of my knowledge. I understand that completing this form does not guarantee I will receive additional paid time off from the company PTO Donation Fund. I have attached applicable supporting documentation to this form, as outlined in the Project Amazon: PTO Donation Program outline.

Signature

Date