

1.1 moves to amend H.F. No. 5 as follows:

1.2 Page 2, delete sections 3 and 4 and insert:

1.3 "Sec. 3. Minnesota Statutes 2018, section 181.032, is amended to read:

1.4 **181.032 REQUIRED STATEMENT OF EARNINGS BY EMPLOYER.**

1.5 (a) At the end of each pay period, the employer shall provide each employee an earnings
1.6 statement, either in writing or by electronic means, covering that pay period. An employer
1.7 who chooses to provide an earnings statement by electronic means must provide employee
1.8 access to an employer-owned computer during an employee's regular working hours to
1.9 review and print earnings statements.

1.10 (b) The earnings statement may be in any form determined by the employer but must
1.11 include:

1.12 (1) the name of the employee;

1.13 (2) the hourly rate of pay (if applicable);

1.14 (3) the total number of hours worked by the employee unless exempt from chapter 177;

1.15 (4) the total amount of gross pay earned by the employee during that period;

1.16 (5) a list of deductions made from the employee's pay;

1.17 (6) any amount deducted, and the maximum allowed to be deducted, under section
1.18 268B.12, subdivision 2;

1.19 ~~(6)~~ (7) the net amount of pay after all deductions are made;

1.20 ~~(7)~~ (8) the date on which the pay period ends; and

1.21 ~~(8)~~ (9) the legal name of the employer and the operating name of the employer if different
1.22 from the legal name.

2.1 (c) An employer must provide earnings statements to an employee in writing, rather
2.2 than by electronic means, if the employer has received at least 24 hours notice from an
2.3 employee that the employee would like to receive earnings statements in written form. Once
2.4 an employer has received notice from an employee that the employee would like to receive
2.5 earnings statements in written form, the employer must comply with that request on an
2.6 ongoing basis."

2.7 Page 6, after line 20, insert:

2.8 "Subd. 4. **Applicant's average weekly wage.** "Applicant's average weekly wage" means
2.9 an amount equal to the applicant's high quarter wage credits divided by 13."

2.10 Page 6, after line 23, insert:

2.11 "Subd. 5. **Benefit year.** "Benefit year" means a period of 52 consecutive calendar weeks
2.12 beginning on the first day of a leave approved for benefits under this chapter."

2.13 Page 6, after line 26, insert:

2.14 "Subd. 6. **Calendar day.** "Calendar day" means a fixed 24-hour period corresponding
2.15 to a single calendar date.

2.16 Subd. 7. **Calendar week.** "Calendar week" means a period of seven consecutive calendar
2.17 days."

2.18 Page 7, after line 17, insert:

2.19 "Subd. 10. **Day.** "Day" means an eight-hour period."

2.20 Page 8, delete subdivision 18

2.21 Page 8, line 23, after the comma, insert "or recovery from"

2.22 Page 9, after line 13, insert:

2.23 "Subd. 26. **Self-employed individual.** "Self-employed individual" means an individual
2.24 resident of the state who is a sole proprietor, member of a limited liability company or
2.25 limited liability partnership, or an individual whose net profit or loss from a business is
2.26 required to be reported to the Department of Revenue."

2.27 Renumber the subdivisions in sequence

2.28 Page 10, after line 3, insert:

2.29 "Subd. 5. **Information technology services and equipment.** The department is exempt
2.30 from the provisions of section 16E.016 for the purposes of this chapter."

- 3.1 Page 10, line 9, after "employer" insert "or employers"
- 3.2 Page 10, line 11, delete everything after the period
- 3.3 Page 10, delete lines 12 and 13
- 3.4 Page 10, line 15, after "seven" insert "calendar"
- 3.5 Page 10, line 16, delete "bonding,"
- 3.6 Page 10, line 17, after the second period, insert "Benefits related to bonding need not
- 3.7 meet the seven-day qualifying event requirement."

3.8 Page 10, line 18, delete "day, or"

3.9 Page 10, line 19, delete the comma

3.10 Page 10, line 32, delete everything after the period

3.11 Page 11, delete lines 1 and 2

3.12 Page 11, delete section 9, and insert:

3.13 "Sec. 9. [268B.04] APPLICATIONS.

3.14 Subdivision 1. **Process; deadline.** Applicants must file a benefit claim pursuant to rules

3.15 promulgated by the commissioner within 90 calendar days of the related qualifying event.

3.16 If a claim is filed more than 90 calendar days after the start of leave, the covered individual

3.17 may receive reduced benefits. All claims shall include a certification supporting a request

3.18 for leave under this chapter. The commissioner must establish good cause exemptions from

3.19 the certification requirement deadline in the event that a serious health condition of the

3.20 applicant prevents the applicant from providing the required certification within the 90

3.21 calendar days.

3.22 Subd. 2. **Certification.** (a) Certification for an applicant taking leave related to the

3.23 applicant's serious health condition shall be sufficient if it states the date on which the serious

3.24 health condition began, the probable duration of the condition, and the appropriate medical

3.25 facts within the knowledge of the qualified health care provider as required by the

3.26 commissioner.

3.27 (b) Certification for an applicant taking leave to care for a family member with a serious

3.28 health condition shall be sufficient if it states the date on which the serious health condition

3.29 commenced, the probable duration of the condition, the appropriate medical facts within

3.30 the knowledge of the qualified health care provider as required by the commissioner, a

4.1 statement that the applicant is needed to care for the family member, and an estimate of the
4.2 amount of time that the applicant is needed to care for the family member.

4.3 (c) Certification for an applicant taking leave related to pregnancy shall be sufficient if
4.4 it states the expected due date and recovery period based on appropriate medical facts within
4.5 the knowledge of the qualified health care provider.

4.6 (d) Certification for an applicant taking bonding leave because of the birth of the
4.7 applicant's child shall be sufficient if the applicant provides either the child's birth certificate
4.8 or a document issued by the health care provider of the child or the health care provider of
4.9 the person who gave birth, stating the child's birth date.

4.10 (e) Certification for an applicant taking bonding leave because of the placement of a
4.11 child with the applicant for adoption or foster care shall be sufficient if the covered individual
4.12 provides a document issued by the qualified health care provider of the child, an adoption
4.13 or foster care agency involved in the placement, or by other individuals as determined by
4.14 the commissioner that confirms the placement and the date of placement. To the extent that
4.15 the status of an applicant as an adoptive or foster parent changes while an application for
4.16 benefits is pending, or while the covered individual is receiving benefits, the applicant must
4.17 notify the department of such change in status in writing.

4.18 (f) Certification for an applicant taking leave because of a qualifying exigency shall be
4.19 sufficient if it includes:

4.20 (1) a copy of the family member's active-duty orders;

4.21 (2) other documentation issued by the United States armed forces; or

4.22 (3) other documentation permitted by the commissioner.

4.23 (g) Certification for an applicant taking safety leave is sufficient if it includes a court
4.24 record or documentation signed by a volunteer or employee of a victim's services
4.25 organization, an attorney, a police officer, or an antiviolenace counselor. The commissioner
4.26 must not require disclosure of details relating to an applicant's or applicant's family member's
4.27 domestic abuse, sexual assault, or stalking."

4.28 Page 13, line 29, delete "application" and insert "applicant" and delete "valid or invalid"
4.29 and insert "eligible and ineligible"

4.30 Page 14, line 6, after "30" insert "calendar"

4.31 Page 15, line 20, delete "(a)"

4.32 Page 15, line 22, delete everything after "wage" and insert a colon

- 5.1 Page 15, delete line 23
- 5.2 Page 15, delete lines 29 and 30
- 5.3 Page 16, delete subdivision 3
- 5.4 Page 16, line 11, delete "52-week period" and insert "single benefit year"
- 5.5 Page 16, line 13, after "bonding" insert ", safety leave,"
- 5.6 Page 16, line 14, delete "52-week period" and insert "single benefit year"
- 5.7 Page 16, delete subdivision 6
- 5.8 Page 16, line 17, delete "benefit period" and insert "event" and after "seven" insert
- 5.9 "calendar" and delete "Thereafter,"
- 5.10 Page 16, line 18, after the period, insert "The minimum increment of one day may consist
- 5.11 of multiple, nonconsecutive portions of a day totalling eight hours."
- 5.12 Page 16, after line 18, insert:
- 5.13 "Subd. 6. **Intermittent and partial day leave.** A leave under this chapter may be taken
- 5.14 intermittently or on a partial day schedule. Leave taken intermittently or on a partial day
- 5.15 schedule shall not result in a reduction in the total amount of leave entitled to an employee
- 5.16 under this chapter."
- 5.17 Page 16, after line 27, insert:
- 5.18 "Subd. 8. **Right to leave.** An applicant has the right to leave from employment for any
- 5.19 day, or portion of a day, for which the applicant is entitled to benefits under this chapter."
- 5.20 Renumber the subdivisions in sequence
- 5.21 Page 17, line 2, after "benefits" insert "or the exercise of any other right"
- 5.22 Page 17, line 4, after "benefits" insert "or any other right"
- 5.23 Page 17, delete subdivision 7 and insert:
- 5.24 "Subd. 7. **Remedies.** (a) Any employer or covered business entity who violates the
- 5.25 provisions of this chapter is liable to any employee affected for:
- 5.26 (1) damages equal to the amount of:
- 5.27 (i) any wages, salary, employment benefits, or other compensation denied or lost to such
- 5.28 employee by reason of the violation, or, in a cases in which wages, salary, employment
- 5.29 benefits, or other compensation have not been denied or lost to the employee, any actual
- 5.30 monetary losses sustained by the employe as a direct result of the violation; and

6.1 (ii) reasonable interest on the amount described in clause (1); and

6.2 (2) such equitable relief as may be appropriate, including employment, reinstatement,
6.3 and promotion.

6.4 (b) An action to recover damages or equitable relief prescribed in paragraph (a) may be
6.5 maintained against any employer or covered business entity in any federal or state court of
6.6 competent jurisdiction by any one or more employees for and on behalf of:

6.7 (1) the employees; or

6.8 (2) the employees and other employees similarly situated.

6.9 (c) The court in an action under this section must, in addition to any judgment awarded
6.10 to the plaintiff or plaintiffs, allow a reasonable attorney's fee, reasonable expert witness
6.11 fees, and other costs of the action to be paid by the defendant."

6.12 Page 17, delete section 16 and insert:

6.13 "Sec. 16. **[268B.10] SUBSTITUTION OF A PRIVATE PLAN.**

6.14 Subdivision 1. **Application for substitution.** Employers may apply to the commissioner
6.15 for approval to meet their obligations under this chapter through the substitution of a private
6.16 plan that provides paid family, paid medical, or paid family and medical benefits. In order
6.17 to be approved as meeting an employer's obligations under this chapter, a private plan must
6.18 confer all of the same rights, protections, and benefits provided to employees under this
6.19 chapter, including but not limited to benefits under section 268B.08 and employment
6.20 protections under section 268B.09. An employee covered by a private plan under this section
6.21 retains all applicable rights and remedies under section 268B.09.

6.22 Subd. 2. **Private plan requirements; medical benefit program.** The commissioner
6.23 must approve an application for private provision of the medical benefit program if the
6.24 commissioner determines:

6.25 (1) all of the employees of the employer are to be covered under the provisions of the
6.26 employer plan;

6.27 (2) eligibility requirements for benefits and leave are no more restrictive than as provided
6.28 under this chapter;

6.29 (3) the weekly benefits payable under the private plan for any week are at least equal to
6.30 the weekly benefit amount payable under this chapter, taking into consideration any coverage
6.31 with respect to concurrent employment by another employer;

7.1 (4) the total number of weeks for which benefits are payable under the private plan is
7.2 at least equal to the total number of weeks for which benefits would have been payable
7.3 under this chapter;

7.4 (5) no greater amount is required to be paid by employees toward the cost of benefits
7.5 under the employer plan than by this chapter;

7.6 (6) wage replacement benefits are stated in the plan separately and distinctly from other
7.7 benefits;

7.8 (7) the private plan will provide benefits and leave for any serious health condition or
7.9 pregnancy for which benefits are payable, and leave provided, under this chapter;

7.10 (8) the private plan will impose no additional condition or restriction on the use of
7.11 medical benefits beyond those explicitly authorized by this chapter or regulations
7.12 promulgated pursuant to this chapter;

7.13 (9) the private plan will allow any employee covered under the private plan who is
7.14 eligible to receive medical benefits under this chapter to receive medical benefits under the
7.15 employer plan; and

7.16 (10) coverage will be continued under the private plan while an employee remains
7.17 employed by the employer.

7.18 Subd. 3. **Private plan requirements; family benefit program.** The commissioner must
7.19 approve an application for private provision of the family benefit program if the
7.20 commissioner determines:

7.21 (1) all of the employees of the employer are to be covered under the provisions of the
7.22 employer plan;

7.23 (2) eligibility requirements for benefits and leave are no more restrictive than as provided
7.24 under this chapter;

7.25 (3) the weekly benefits payable under the private plan for any week are at least equal to
7.26 the weekly benefit amount payable under this chapter, taking into consideration any coverage
7.27 with respect to concurrent employment by another employer;

7.28 (4) the total number of weeks for which benefits are payable under the private plan is
7.29 at least equal to the total number of weeks for which benefits would have been payable
7.30 under this chapter;

7.31 (5) no greater amount is required to be paid by employees toward the cost of benefits
7.32 under the employer plan than by this chapter;

8.1 (6) wage replacement benefits are stated in the plan separately and distinctly from other
8.2 benefits;

8.3 (7) the private plan will provide benefits and leave for any care for a family member
8.4 with a serious health condition, bonding with a child, qualifying exigency, or safety leave
8.5 event for which benefits are payable, and leave provided, under this chapter;

8.6 (8) the private plan will impose no additional condition or restriction on the use of family
8.7 benefits beyond those explicitly authorized by this chapter or regulations promulgated
8.8 pursuant to this chapter;

8.9 (9) the private plan will allow any employee covered under the private plan who is
8.10 eligible to receive medical benefits under this chapter to receive medical benefits under the
8.11 employer plan; and

8.12 (10) coverage will be continued under the private plan while an employee remains
8.13 employed by the employer.

8.14 Subd. 4. **Use of private insurance products.** Nothing in this section prohibits an
8.15 employer from meeting the requirements of a private plan through a private insurance
8.16 product. If the employer plan involves a private insurance product, that insurance product
8.17 must conform to any applicable law or rule.

8.18 Subd. 5. **Private plan approval and oversight fee.** An employer with an approved
8.19 private plan will not be required to pay premiums established under section 268B.12. An
8.20 employer with an approved private plan will be responsible for an annual private plan
8.21 approval and oversight fee equal to five percent of the total premium that would have been
8.22 paid under section 268B.12 if the employer had not gotten an approved private plan. The
8.23 commissioner will review and report on the adequacy of this fee to cover private plan
8.24 administrative costs annually beginning in 2020 as part of the annual report established in
8.25 section 268B.21.

8.26 Subd. 6. **Plan duration.** A private plan under this section must be in effect for a period
8.27 of at least one year and, thereafter, continuously unless the commissioner finds that the
8.28 employer has given notice of withdrawal from the plan in a manner specified by the
8.29 commissioner in this section or rule. The plan may be withdrawn by the employer within
8.30 30 days of the effective date of any law increasing the benefit amounts or within 30 days
8.31 of the date of any change in the rate of premiums. If the plan is not withdrawn, it must be
8.32 amended to conform to provide the increased benefit amount or change in the rate of the
8.33 employee's premium on the date of the increase or change.

9.1 Subd. 7. Appeals. (a) An employer may appeal any adverse decision by the department
9.2 regarding that employer's private plan in the manner specified under section 268B.07.

9.3 (b) An employee working for an employer with an approved private plan may appeal
9.4 an employer's denial of leave or benefits in the manner specified under section 268B.07.

9.5 Subd. 8. Employees no longer covered. (a) An employee is no longer covered by an
9.6 approved private plan if a leave under this chapter occurs after the employment relationship
9.7 with the private plan employer ends, or if the commissioner revokes the approval of the
9.8 private plan.

9.9 (b) An employee no longer covered by an approved private plan is, if otherwise eligible,
9.10 immediately entitled to benefits under this chapter to the same extent as though there had
9.11 been no approval of the private plan.

9.12 Subd. 9. Posting of notice regarding private plan. An employer with a private plan
9.13 must provide a notice prepared by or approved by the commissioner regarding the private
9.14 plan consistent with the provisions of section 268B.22.

9.15 Subd. 10. Amendment. (a) The commissioner must approve any amendment to a private
9.16 plan adjusting the provisions thereof, if the commissioner determines:

9.17 (1) that the plan, as amended, will conform to the standards set forth in this chapter; and

9.18 (2) that notice of the amendment has been delivered to all affected employees at least
9.19 ten days before the submission of the amendment.

9.20 (b) Any amendments approved under this subdivision are effective on the date of the
9.21 commissioner's approval, unless the commissioner and the employer agree on a later date.

9.22 Subd. 11. Successor employer. A private plan in effect at the time a successor acquires
9.23 the employer organization, trade, or business, or substantially all the assets thereof, or a
9.24 distinct and severable portion of the organization, trade, or business, and continues its
9.25 operation without substantial reduction of personnel resulting from the acquisition, must
9.26 continue the approved private plan and must not withdraw the plan without a specific request
9.27 for withdrawal in a manner and at a time specified by the commissioner. A successor may
9.28 terminate a private plan with notice to the commissioner and within 90 days from the date
9.29 of the acquisition.

9.30 Subd. 12. Revocation of approval by commissioner. (a) The commissioner may
9.31 terminate any private plan if the commissioner determines the employer:

9.32 (1) failed to pay benefits;

10.1 (2) failed to pay benefits in a timely manner, consistent with the requirements of this
10.2 chapter;

10.3 (3) failed to submit reports as required by this chapter or rule promulgated under this
10.4 chapter; or

10.5 (4) otherwise failed to comply with this chapter or rule promulgated under this chapter.

10.6 (b) The commissioner must give notice of the intention to terminate a plan to the employer
10.7 at least ten days before taking any final action. The notice must state the effective date and
10.8 the reason for the termination.

10.9 (c) The employer may, within ten days from mailing or personal service of the notice,
10.10 file an appeal in the time, manner, method, and procedure provided in section 268B.07

10.11 (d) The payment of benefits must not be delayed during an employer's appeal of the
10.12 revocation of approval of a private plan.

10.13 (e) If the commissioner revokes approval of an employer's private plan, that employer
10.14 is ineligible to apply for approval of another private plan for a period of three years, beginning
10.15 on the date of revocation.

10.16 Subd. 13. **Employer penalties.** (a) The commissioner of labor and industry may assess
10.17 the following monetary penalties against an employer with an approved private plan found
10.18 to have violated this chapter:

10.19 (1) \$1,000 for the first violation; and

10.20 (2) \$2,000 for the second, and each successive violation.

10.21 (b) The commissioner of labor and industry must waive collection of any penalty if the
10.22 employer corrects the violation within 30 days of receiving a notice of the violation and the
10.23 notice is for a first violation.

10.24 (c) The commissioner of labor and industry may waive collection of any penalty if the
10.25 commissioner determines the violation to be an inadvertent error by the employer.

10.26 (d) Monetary penalties collected under this section shall be deposited in the account.

10.27 (e) Assessment of penalties under this subdivision may be appealed as provided in section
10.28 268B.07.

10.29 Subd. 14. **Reports, information, and records.** Employers with an approved private
10.30 plan must maintain all reports, information, and records as relating to the private plan and
10.31 claims for a period of six years from creation and provide to the commissioner upon request.

- 11.1 Subd. 15. **Audit and investigation.** The commissioner may investigate and audit plans
 11.2 approved under this section both before and after the plans are approved.
- 11.3 **EFFECTIVE DATE.** This section is effective July 1, 2020."
- 11.4 Page 20, delete subdivision 2 and insert:
- 11.5 "Subd. 2. **Employee charge back.** Notwithstanding section 181.06, employers and
 11.6 covered business entities may deduct up to 50 percent of annual premiums paid under this
 11.7 section from employee wages. Such deductions for any given employee must be in equal
 11.8 proportion to the premiums paid based on the wages of that employee."
- 11.9 Page 20, line 17, delete "opting out of" and insert "with an approved private plan for"
- 11.10 Page 20, line 18, after the semicolon, insert "and"
- 11.11 Page 20, line 19, delete "opting out of" and insert "with an approved private plan for"
- 11.12 Page 20, line 20, delete "; and" and insert a period
- 11.13 Page 20, delete lines 21 and 22
- 11.14 Page 20, line 24, delete "2023" and insert "2024" and delete the second "2024" and insert
 11.15 "2025"
- 11.16 Page 21, line 3, delete "one-tenth" and insert "one-hundredth"
- 11.17 Page 21, line 4, delete "2024" and insert "2025"
- 11.18 Page 21, delete lines 7 and 8
- 11.19 Reletter the paragraphs in sequence
- 11.20 Page 21, delete subdivision 7
- 11.21 Page 21, after line 18, insert:
- 11.22 "Subd. 9. **Nonpayment of premiums by employer.** The failure of an employer to pay
 11.23 premiums does not impact the right of an employee to benefits, or any other right, under
 11.24 this chapter."
- 11.25 Renumber the subdivisions in sequence
- 11.26 Page 23, line 18, before "The" insert "Beginning in fiscal year 2021,"
- 11.27 Page 25, after line 20, insert:

12.1 "Sec. 27. [268B.21] ANNUAL REPORTS.

12.2 (a) Annually, beginning on or before December 1, 2020, the commissioner must report
12.3 to the Department of Management and Budget and the house of representatives and senate
12.4 committee chairs with jurisdiction over this chapter on program administrative expenditures
12.5 and revenue collection for the prior fiscal year, including but not limited to:

12.6 (1) total revenue raised through premium collection;

12.7 (2) the number of self-employed individuals electing coverage under section 268B.11
12.8 and amount of associated revenue;

12.9 (3) the number of covered business entities paying premiums under this chapter and
12.10 associated revenue;

12.11 (4) administrative expenditures including transfers to other state agencies expended in
12.12 the administration of the chapter;

12.13 (5) summary of contracted services expended in the administration of this chapter;

12.14 (6) grant amounts and recipients under section 268B.15;

12.15 (7) an accounting of required outreach expenditures;

12.16 (8) summary of private plan approvals including the number of employers and employees
12.17 covered under private plans; and

12.18 (9) adequacy and use of the private plan approval and oversight fee.

12.19 (b) Annually, beginning on or before December 1, 2021, the commissioner must publish
12.20 a publicly available report providing the following information for the previous fiscal year:

12.21 (1) total eligible claims;

12.22 (2) the number and percentage of claims attributable to each category of benefit;

12.23 (3) claimant demographics by age, gender, average weekly wage, occupation, and the
12.24 type of leave taken;

12.25 (4) the percentage of claims denied and the reasons therefor, including, but not limited
12.26 to insufficient information and ineligibility and the reason therefor;

12.27 (5) average weekly benefit amount paid for all claims and by category of benefit;

12.28 (6) changes in the benefits paid compared to previous fiscal years;

12.29 (7) processing times for initial claims processing, initial determinations, and final
12.30 decisions;

13.1 (8) average duration for cases completed; and

13.2 (9) the number of cases remaining open at the close of such year.

13.3 **Sec. 28. [268B.22] NOTICE REQUIREMENTS.**

13.4 (a) Each employer and covered business entity must post in a conspicuous place on each
13.5 of its premises a workplace notice prepared or approved by the commissioner providing
13.6 notice of benefits available under this chapter. The workplace notice must be written in
13.7 English, Spanish, and any other language that is the primary language of at least 0.5 percent
13.8 of all residents of the state. The required workplace notice must be in English and each
13.9 language other than English which is the primary language of five or more employees or
13.10 self-employed individuals of that workplace, if such notice is available from the department.

13.11 (b) Each employer must issue to each employee not more than 30 days from the beginning
13.12 date of the employee's employment, or 30 days before premium collection begins, which
13.13 ever is later, the following written information provided or approved by the department in
13.14 the primary language of the employee:

13.15 (1) an explanation of the availability of family and medical leave benefits provided under
13.16 this chapter, including rights to reinstatement and continuation of health insurance;

13.17 (2) the amount of premium deductions made by the employer under this chapter;

13.18 (3) the employer's premium amount and obligations under this chapter;

13.19 (4) the name and mailing address of the employer;

13.20 (5) the identification number assigned to the employer by the department;

13.21 (6) instructions on how to file a claim for family and medical leave benefits;

13.22 (7) the mailing address, email address, and telephone number of the department; and

13.23 (8) any other information required by the department.

13.24 Delivery is made when an employee provides written acknowledgement of receipt of the
13.25 information, or signs a statement indicating the employee's refusal to sign such
13.26 acknowledgement.

13.27 (c) Each covered business entity shall provide to each self-employed individual with
13.28 whom it contracts, at the time such contract is made or, for existing contracts, within 30
13.29 days of the effective date of this section, the following written information provided or
13.30 approved by the department in the self-employed individual's primary language:

14.1 (1) an explanation of the availability of family and medical leave benefits provided under
14.2 this chapter and the procedures established by the department for self-employed individuals
14.3 to become covered individuals;

14.4 (2) the self-employed individual's contribution amount and obligations under this chapter;

14.5 (3) the covered business entity's contribution amount and obligations under this chapter;

14.6 (4) the name, mailing address, and email address of the covered business entity;

14.7 (5) the identification number assigned to the covered business entity by the department;

14.8 (6) instructions on how to file a claim for family and medical leave benefits;

14.9 (7) the address and telephone number of the department; and

14.10 (8) any other information required by the department.

14.11 Delivery is made when a self-employed individual provides written acknowledgement of
14.12 receipt of the information, or signs a statement indicating the self-employed individual's
14.13 refusal to sign such acknowledgement.

14.14 (d) An employer or covered business entity that fails to comply with this subsection may
14.15 be issued, for a first violation, a civil penalty of \$50 per employee and per self-employed
14.16 individual with whom it has contracted, and for each subsequent violation, a civil penalty
14.17 of \$300 per employee or self-employed individual with whom it has contracted. The employer
14.18 or covered business entity shall have the burden of demonstrating compliance with this
14.19 subsection.

14.20 (e) An employee must give at least 30 days notice to the employer of the anticipated
14.21 starting date of any leave under this chapter, the anticipated length of the leave, and the
14.22 expected date of return or shall provide notice as soon as practicable if the delay is for
14.23 reasons beyond the employee's control. If an employer fails to provide notice of this chapter
14.24 as required under paragraph (b), the employee's notice requirement shall be waived.

14.25 **Sec. 29. [268B.23] RELATIONSHIP TO OTHER LEAVE; CONSTRUCTION.**

14.26 Subdivision 1. **Concurrent leave.** An employer may require leave taken under this
14.27 chapter to run concurrently with leave taken for the same purpose under section 181.941
14.28 or the Family and Medical Leave Act, United States Code, title 29, sections 2601 to 2654,
14.29 as amended.

14.30 Subd. 2. **Construction.** Nothing in this chapter shall be construed to:

15.1 (1) allow an employer to compel an employee to exhaust accumulated sick, vacation,
15.2 or personal time before or while taking leave under this chapter; or

15.3 (2) prohibit an employer from providing additional benefits, including, but not limited
15.4 to, covering the portion of earnings not provided under this chapter during periods of leave
15.5 covered under this chapter."

15.6 Page 25, line 26, before "Benefits" insert "(a)"

15.7 Page 25, line 27, delete "2021" and insert "2022" and delete "2019" and insert "2020"

15.8 Page 25, after line 28, insert:

15.9 "(b) Sections 17 and 18 are effective on January 1, 2021."

15.10 Page 26, delete article 2 and insert:

15.11 **"ARTICLE 2**
15.12 **APPROPRIATIONS**

15.13 Section 1. **FAMILY AND MEDICAL BENEFIT PROGRAM APPROPRIATIONS.**

15.14 \$..... in fiscal year 2021 is appropriated from the general fund to the commissioner of
15.15 employment and economic development for the purposes of Minnesota Statutes, chapter
15.16 268B. This appropriation does not cancel and unexpended amounts may be used in fiscal
15.17 year 2022. The base amount for fiscal year 2022 is \$0. The base amount for fiscal year 2023
15.18 is \$..... The base amounts for 2024 and beyond are \$0.

15.19 \$..... in fiscal year 2021 is appropriated from the general fund to the commissioner of
15.20 labor and industry for the purposes of enforcement of Minnesota Statutes, chapter 268B.
15.21 This appropriation does not cancel and unexpended amounts may be used in fiscal year
15.22 2022. The base amount for fiscal year 2022 is \$0. The base amount for fiscal year 2023 is
15.23 \$..... The base amounts for 2024 and beyond are \$0.

15.24 \$..... in fiscal year 2020 is appropriated from the general fund to the commissioner of
15.25 employment and economic development for the purpose of outreach, education, and technical
15.26 assistance for employees and employers.

15.27 \$..... in fiscal year 2020 is appropriated from the general fund to the commissioner of
15.28 labor and industry for the purpose of outreach, education, and technical assistance for
15.29 employers and employees.

- 16.1 \$..... in fiscal year 2020 is appropriated from the general fund to the commissioner of
16.2 employment and economic development for grants to community-based groups providing
16.3 outreach, education, and technical assistance for employees and employers.
- 16.4 **EFFECTIVE DATE.** This section is effective July 1, 2019."
- 16.5 Renumber the sections in sequence and correct the internal references
- 16.6 Amend the title accordingly