

Families First Coronavirus Response Act:

Paid Sick Leave and Expanded Family and Medical Leave at a Glance



SYNERGY
Reinventing Your HR

Reason: The employee is unable to work or telework because:		Duration:	Paid Sick Leave:	Expanded FMLA*:	Employee should submit the following:	Pay Code:
1	The employee is subject to a Federal, State, or local quarantine or isolation order related to COVID-19.	2 weeks (up to 80 hours)	100% of employee's regular rate of pay (up to \$511 per day, and \$5,110 total)	N/A	Emergency Paid Sick Leave Request form	CVDSL- Paid Sick Leave
2	The employee has been advised by a health care provider to self-quarantine related to COVID-19.	2 weeks (up to 80 hours)	100% of employee's regular rate of pay (up to \$511 per day, and \$5,110 total)	N/A	Emergency Paid Sick Leave Request form	CVDSL- Paid Sick Leave
3	The employee is experiencing COVID-19 symptoms and is seeking a medical diagnosis.	2 weeks (up to 80 hours)	100% of employee's regular rate of pay (up to \$511 per day, and \$5,110 total)	N/A	Emergency Paid Sick Leave Request form	CVDSL- Paid Sick Leave
4	The employee is caring for an individual subject to an order described in (1) or self-quarantine as described in (2) above.	2 weeks (up to 80 hours)	2/3 of employee's regular rate of pay (up to \$200 per day and \$2,000 total)	N/A	Emergency Paid Sick Leave Request form	CVDECL- Paid Care Leave
5	The employee is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons.	2 weeks (up to 80 hours) PLUS 10 weeks (up to 400 hours)	2/3 of employee's regular rate of pay (up to \$200 per day . . . PLUS 2/3 of employee's regular rate of pay (up to \$200 per day and up to \$12,000 total)		Emergency Paid Sick Leave Request form <u>plus</u> Family or Medical Leave Request form <u>plus</u> appropriate documentation	FIRST 2 WEEKS: CVDSL- Paid Sick Leave NEXT 10 WEEKS: CVDECL- Extended Child Care Leave
6	The employee is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services.	2 weeks (up to 80 hours)	2/3 of employee's regular rate of pay (up to \$200 per day and \$2,000 total)	N/A	Emergency Paid Sick Leave Request form	CVDECL- Paid Care Leave

*To be eligible for Expanded FMLA, employee must have worked at least 30 days. Total length of leave cannot exceed 12 weeks in a rolling 12-month period including time taken for all other types of FMLA.

Note: For reasons 4, 5 or 6 (which are paid at 2/3 of employee's regular rate of pay), the employee has the option to supplement the payment with accrued, unused sick time (or sick pay), or PTO. *However, the employer may not require the employee to use those benefits.*