



FEDERAL PAID SICK LEAVE (FSL)

80 hours for full time employees; prorated for part time employees. One bucket for all possible qualifying events. Different wage caps for different events. No carryover.



EMER. PAID FAMILY LEAVE (EPFML)

Up to 12 weeks of job protected leave to care for child whose school, daycare or care provider is closed. This is part of the regular FMLA 12-week allotment. The first 10 days are UNPAID. The remaining 10 weeks are paid at 2/3 the regular rate capped at \$200/day and \$10,000 aggregate. (See FIG. 1)



COMPANY PROVIDED LEAVE (PTO)

Includes any paid leave we provide to employees, including PTO, Sick Leave, state-mandated sick leave, short term disability benefits, and other benefits. Amount, eligibility, notice and carry over depend on employer policies.



WORKER'S COMPENSATION (WC)

Eligibility, coverage, amount and duration of benefits determined by carrier, not the employer. Includes time loss and medical cost reimbursement.



UNEMPLOYMENT (UI)

INSUFFICIENT WORK AVAILABLE -- A downturn in business may result in a reduction of work hours and/or **LAYOFFS**. UI may provide **up to 26 weeks** of benefits with a maximum weekly benefit, subject to certain qualification criteria.

I can't come to work because...

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Leave away from work unrelated to COVID-19

- Vacation or pre-planned absences.
- I was injured on the job {Worker's Compensation Benefits }.
- I am suffering from an illness, injury or disability that is NOT related to COVID-19.
- I am caring for a family member with an illness, injury or disability that is NOT related to COVID-19.
- I am pregnant and cannot work due to a pregnancy-related condition.
- I want to take parental leave to spend time with my new baby, adopted or foster child.



Reduction in hours, Furlough, layoffs or business closure.



1. COVID-19 Related Leave – *Personal to the Employee* (FSL paid at employee's full regular rate up to \$511/day cap, \$5110 aggregate max; PTO paid w/o a daily \$ cap)



- I am subject to a government mandated isolation or quarantine order related to COVID-19.
- My doctor recommended I self-quarantine because of COVID-19; or
- I am symptomatic of COVID-19 and seeking medical diagnosis.

2. COVID-19 Related Leave – *Employee as CAREGIVER* (FSL paid at 2/3 employee's regular rate up to \$200/day cap, \$2000 aggregate max; PTO paid w/o a daily \$ cap)

- I am a caregiver for a **family member or someone in my household** who was advised to self-quarantine by a doctor.



3. COVID-19 Related Leave -- *My child's SCHOOL, DAYCARE or CARE PROVIDER is CLOSED or unavailable due to COVID-19 concerns.*

The first 10 days of EFL is unpaid, BUT employees may use their available FSL and PTO, if any is left, to fill in the pay for those days until EFL pay kicks in at week 3. (**FSL and EPFML are paid at 2/3 employee's regular rate up to \$200/day cap, \$2000 aggregate max**)

FIGURE 1



FSL
(2/3 rate)



PTO
(full rate)



EPFML
(2/3 rate)

First 2 weeks EPFML

Remaining EPFML – up to 10 weeks*

*EPFML provides up to 12 weeks off, but only if you have regular FMLA time available to cover it. See HR for info.