

## Family First Coronavirus Response Act: Qualifying COVID-19 Reasons for Paid Leave

Reason for Leave <span style="color: blue;">*ER is open/has work to be done</span>	Paid Sick Leave at Full Pay	Paid Sick leave at 2/3 Pay	Paid Expanded Family & Medical Leave at 2/3 Pay	If Subject to FMLA (Title I) prior to April 1st, 2020
1. Subject to Federal, State, or local quarantine or isolation order related to COVID-19 <span style="color: blue;">includes "stay at home" or "shelter in place"</span>	Eligible (up to 2 weeks/ 80 hours)	N/A	N/A	possibly, if medical condition rises to level of a serious health condition as covered under FMLA
2. Advised by a health care provider to self-quarantine related to COVID-19				
3. Experiencing COVID-19 symptoms and is seeking a medical diagnosis	N/A	Eligible (up to 2 weeks/ 80 hours)	Eligible (up to additional 10 weeks)	N/A
4. Caring for an individual subject to an order described in (1) or self-quarantine described in (2)				
5. Caring for child (<18, or disabled) whose school/place of care is closed fo reasons related to COVID-19 <span style="color: blue;">*not voluntarily keep home</span>				
6. Experiencing any other substantially-similar condition specified by they Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury			N/A	possibly, if medical condition rises to level of a serious health condition

Eligible Employees:	All Employees		Employed at least 30 days	Refer to FMLA
Businesses with fewer than 500 employees	Required to provide (unless exempt health care/emergency responders)			
Businesses with fewer than 50 employees	May qualify for exemption for reason #5			
Required to use other Paid Leave (PTO, sick, vacation, etc)	No	Employee Choice	EE Choice OR ER Require	
Part Time Employees max hours:	up to average scheduled hours for two weeks		up to average scheduled hours per week	
Daily maximum pay amount	511.00	200.00	200.00	
Two week maximum pay amount	5,110.00	2,000.00	N/A	
10 week maximum pay amount	N/A	N/A	10,000.00	

Pay amount: greater of regular rate of pay or minimum wage (federal, state, local)

\*Intermittent is Allowed\*

Caring for individual/child: immediate family member, regularly live together, legal/financial responsibility, in loco parentis

Documentation : EE name, dates for which leave is requested for, reason for the leave, statement from EE that they are unable to work because of that reason (incl name of govt entity issuing order or name of health care provider that gave advice)

OR name of child being cared for, name of school/childcare, statement from EE that no one suitable person is available to care for child (ER can't decide which parent cares for child)

Credit for Employer: reduce EFTPS payment immediately, (and subsequent EFTPS payments if needed), Form 7200, refunded/credited on 941