

Coronavirus Resources for Employees

Sick or Quarantined

If you are unable to work due to having or being exposed to COVID-19 (certified by a medical professional), you can file a Disability Insurance (DI) claim. DI provides short-term benefit payments to eligible workers who have a full or partial loss of wages due to a non-work-related illness, injury, or pregnancy. Benefit amounts are approximately 60-70 percent of wages (depending on income) and range from \$50-\$1,300 a week. Source: https://www.edd.ca.gov/Disability/How_to_File_a_DI_Claim_in_SDI_Online.htm

For guidance on the disease, visit the California Department of Public Health website.

Caregiving

If you are unable to work because you are caring for an ill or quarantined family member with COVID-19 (certified by a medical professional), you can file a Paid Family Leave (PFL) claim. PFL provides up to six weeks of benefit payments to eligible workers who have a full or partial loss of wages because they need time off work to care for a seriously ill family member or to bond with a new child. Benefit amounts are approximately 60-70 percent of wages (depending on income) and range from \$50-\$1,300 a week. Source:

https://www.edd.ca.gov/Disability/How_to_File_a_PFL_Claim_in_SDI_Online.htm

Reduced Work Hours

If your employer has reduced your hours or shut down operations due to COVID-19, you can file an Unemployment Insurance (UI) claim. UI provides partial wage replacement benefit payments to workers who lose their job or have their hours reduced, through no fault of their own. Workers who are temporarily unemployed due to COVID-19 and expected to return to work with their employer within a few weeks are not required to actively seek work each week. However, they must remain able and available and ready to work during their unemployment for each week of benefits claimed and meet all other eligibility criteria. Eligible individuals can receive benefits that range from \$40-\$450 per week. Source:

https://www.edd.ca.gov/Unemployment/Filing_a_Claim.htm

Sick Leave

If you are unable to work due to having or being exposed to COVID-19 (certified by a medical professional), **Life Steps Foundation will** *increase* **your paid sick leave by 3 days or 24 hours effective to your current balance at the time of exposure/quarantined.** This will help to facilitate time before Disability Insurance (DI) and/or Paid Family Leave (PFL) claims are processed.

Family and Medical Leaves (FMLA)

The Leave Policy. You may be eligible to take up to twelve weeks of unpaid family/medical leave within any twelve-month period and be restored to the same or a comparable position upon your return from leave provided you have (1) worked for Life Steps for at least twelve months, and for at least 1250 hours in the last twelve months and (2) are employed at a work site that has fifty or more employees within seventy-five miles. The twelve-month period in which you may take twelve weeks of leave will be measured as a "rolling" twelve-month period dating back from the time you request leave.

Reasons for Leave. You may take family/medical leave for any of the following reasons: (1) the birth of a child and in order to care for such child; (2) the placement of a child with you for adoption or foster care and in order to care for the newly placed child; (3) to care for a spouse, child, or parent ('covered relation'') with a serious health condition; or (4) because of your own serious health condition which renders you unable to perform an essential function of your position. Leave because of reasons "1" or "2" must be completed within the twelve-month period beginning on the date of birth or placement. In addition, spouses employed by Life Steps who request leave because of reasons "1" or "2" may only take a combined total of twelve weeks leave during any twelve-month period.

Notice of Leave. If your need for family/medical leave is foreseeable, you must give Life Steps at least thirty days' prior notice, preferably written. If this is not possible, you must at least give notice as soon as practicable (generally within one to two business days of learning of your need for leave). Failure to provide such notice may be grounds for delay of leave. Additionally, if you are planning a medical treatment you must consult with Life Steps first regarding the dates of such treatment.

Medical Certification. If you are requesting leave because of your own or a covered relation's serious health condition, you must provide appropriate medical certification from the relevant health care provider within fifteen calendar days after you request leave, if practicable. You may obtain Medical Certification Forms from your Supervisor. If you provide at least thirty days' notice of medical leave, you should provide the medical certification before leave begins. Failure to provide requested medical certification in a timely manner may be grounds for delay of leave.

California Family Rights Act (CFRA)

Under the California Family Rights Act of 1993 (CFRA), if you have more than 12 months of service with us and have worked at least 1,250 hours in the 12- month period before the date you want to begin your leave, you may have a right to an unpaid family care or medical leave (CFRA leave). This leave may be up to 12 work weeks in a 12-month period for the birth, adoption, or foster care placement of your child or for your own serious health condition or that of your child, parent or spouse.

Leave may be taken for any one, or for a combination, of the following reasons:

• Disability due to pregnancy, childbirth or related medical condition (counts only toward FMLA leave and California Pregnancy Disability Leave ("PDL") leave entitlements);

- Bonding and/or caring for a newborn child (counts toward FMLA and CFRA leave entitlements);
- For placement with the employee of a child for adoption or foster care and to care for the newly placed child; (counts toward FMLA and CFRA leave entitlements);
- To care for the employee's spouse, registered domestic employee, child, or parent (but not in-law) with a serious health condition; (counts toward FMLA and CFRA leave entitlements except for time to care for an employee's registered domestic employee does not count towards FMLA leave, only CFRRA leave);
- For the employee's own serious health condition that makes the employee unable to perform one or more of the essential functions of the employee's job; and/or (counts toward FMLA and CFRA leave entitlements);
- Because of any **qualifying exigency** arising out of the fact that an employee's spouse, son, daughter or parent is a covered military member on active duty (or has been notified of an impending call or order to active duty status in the National Guard or Reserves in support of contingency operations) (counts toward FMLA leave entitlement only).

A **serious health condition** is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, hospice or residential health care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities. Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Medical Leave of Absence

(For employees who are not eligible for Family Medical Leave.) If you are eligible for FMLA leave based on your length of employment and hours of service, you will *not* be eligible for this leave. This leave is only available to employees who are not eligible for Family Medical Leave or California Family Rights Act.

Any full-time employee who is temporarily disabled and unable to work due to a medical condition **may**, **at the discretion of management**, be granted a leave of absence without pay for the period of his or her disability, provided such period shall not exceed **eight (8) weeks**. The term —medical|| as used herein encompasses all temporary medical disabilities. The employee's temporary disability status must be verified by written confirmation from the employee's doctor on a periodic basis. Employees must contact the Company every two weeks concerning their disability status and expected return date.