

MY EMPLOYER HAS FEWER THAN 500 EMPLOYEES AND I AM UNABLE TO WORK DUE TO COVID-19 BECAUSE...

I have COVID-19 symptoms and am seeking a medical diagnosis.

OR

I was advised to quarantine by a medical provider.

OR

I or someone I am caring for is under a quarantine order.

Through December 2020, the Families First Coronavirus Response Act (FFCRA) provides you 80 hours of emergency paid sick leave. Your immigration status does not matter.

Tell your employer you want to use this federal emergency paid sick leave. Your employer must pay you directly.

You have a right to use your regular paid sick leave after these 80 hours, if your workplace is closed by a government order, or for other illness. Your pay stub should show the hours of paid sick leave you have earned.

I am caring for my children because school closed or childcare is not available.

Through December 2020, you are eligible for 12 weeks of paid leave at 2/3 pay if you have worked for your employer for 30 days. Your immigration status does not matter.

Tell your employer you want to use your emergency paid sick leave and then Expanded Family and Medical Leave. Your employer must pay you directly.

I was exposed to COVID-19 at work.

If you become ill or have to quarantine, you may be eligible for workers' compensation from the Department of Labor and Industries. You will receive free medical care and partial income. Your immigration status does not matter. Apply at lni.wa.gov/claims/for-workers/file-a-claim/ or 1-877-561-3453.

I was laid off, furloughed, or quit for good cause.

If you have a valid social security number and valid work authorization, you may be eligible for unemployment. Applicants *may* not need to search for work. Apply at esd.wa.gov. DO NOT apply if you do not have a valid SS or work authorization.

I am seriously ill or am caring for a family member who is seriously ill.

If you worked 820 hours in Washington in the last year, you may be eligible for 12 weeks of paid medical leave through WA State.

Apply at paidleave.wa.gov. If you do not have legal status, you must use a paper application. DO NOT write down your ITIN or any SS if it is not valid.

It is illegal for an employer to refuse to pay or retaliate against you for using these programs. Use of these benefits does not trigger the immigration public charge rule.



Contact Northwest Justice Project for free legal help.

Farmworkers call 509-225-0026. Other workers call CLEAR 1-888-201-1014.

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I have COVID-19 symptoms and am seeking a medical diagnosis.

OR

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I or someone I am caring for is under a quarantine order.

If you work in agriculture, for leave taken before November 14, 2020, you might qualify for Food Production Workers Paid Leave. This pays up to 80 hours of emergency supplemental paid sick leave for full-time workers at \$10.75 per hour. Your employer should pay you the benefit and the state will reimburse them.

You have a right to use your regular paid sick leave after these 80 hours, if your workplace is closed by a government order, or for other illness. Your pay stub should show the hours of paid sick leave you have earned. Workers in Washington gain one hour of sick leave for every 40 hours worked. This leave can be used after you work 90 days for the same employer.

I was exposed to COVID-19 at work.

If you become ill or have to quarantine, you may be eligible for workers' compensation from the Department of Labor and Industries. If approved, you will receive free medical care and partial income. Your immigration status does not matter.

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Contact Northwest Justice Project for free legal help.

Farmworkers call 509-225-0026. Other workers call CLEAR 1-888-201-1014.

You can use this letter to request paid leave if you cannot work because you are experiencing COVID-19 symptoms OR because you are in quarantine due to medical advice or a government order.

Dear [employer and address/contact]:

I request to use my 80 hours of paid leave available under the new Emergency Paid Sick Leave Act in the Families First Coronavirus Response Act. I am unable to work because:

- I am experiencing COVID-19 symptoms and seeking medical diagnosis. My symptoms include _____ [include brief statement about your symptoms i.e. coughing, fever, difficulty breathing]. I am scheduled to have a test/medical appointment on _____ [include date if known].
- I have been advised to quarantine by a health care provider, _____ [insert name of health care provider].
- I have been ordered to quarantine or isolate by a government order issued by _____ [include the name of government agency that issued order].

I request to use this paid leave starting on _____ [insert date you want sick leave to start]. Please pay me at my regular rate for the hours I would normally be scheduled to work.

I will return to work when it is safe to do so. If I need additional leave after 80 hours, I request to use my regular paid sick leave.

If you have questions, please contact me at _____.

Sincerely,

Employee Name

Date signed

You can use this letter to request up to 12 weeks of paid leave if you cannot work because you must care for children whose school or daycare are closed or unavailable due to COVID-19. You must have worked for this employer for 30 days. Your employer has 500 or less employees.

Dear [employer and address/contact]:

I request to use up to 12 weeks of leave available under the Emergency Family and Medical Leave Expansion Act in the Families First Coronavirus Response Act. I am unable to work because **I must care for my child(ren) whose school is closed or childcare is unavailable for reasons related to COVID-19. No other suitable person is available to care for my child(ren).**

Name of child(ren): _____.

Name of school or place of childcare that is unavailable or closed: _____.

I request to use this paid sick leave starting on _____ [insert date you want leave to start]. I will return to work when schools reopen or childcare is available. The law requires that I be restored to the same or equivalent position when I return.

Please pay me at 2/3 my regular rate for up to 12 weeks. I request that the first 80 hours of my leave be paid under the new Emergency Paid Sick Leave Act and the next ten weeks of leave be paid under the Emergency Family and Medical Leave Expansion Act.

If you have questions, please contact me at _____.

Sincerely,

Employee Name

Date signed

Note: If your employer has a specific policy or requires certain documentation when requesting paid family or medical leave, please include that information to with this notice.

You can use this letter to request paid leave if you cannot work because you need to care for an individual subject to quarantine by government order or advised to quarantine by a medical provider.

Dear [employer and address/contact]:

I request to use my 80 hours of paid leave available under the new Emergency Paid Sick Leave Act in the Families First Coronavirus Response Act. I am unable to work because:

- I need to take care for an individual subject to quarantine or isolation government order issued by** _____ [insert the name of government agency that issued order].
- I need to take care for an individual advised to quarantine by a health care provider,** _____ [insert name of health care provider].

I request to use this paid sick leave starting on _____ [insert date you want paid leave to start]. Please pay me at 2/3 my regular rate for the hours I would have normally be scheduled to work.

I will return to work when it is safe to do so. If I need additional leave after 80 hours, I request to use my regular paid sick leave.

If you have questions, please contact me at _____.

Sincerely,

Employee Name

Date signed