

**City of West Hollywood**

**COVID-19 EMPLOYEE LEAVE & BENEFITS INFORMATION CHART**

TYPE	PROGRAM	WHY	WHAT	BENEFITS	ELIGIBILITY	HOW TO FILE
Federal/State Benefits	<b>FFCRA - EMERGENCY PAID SICK LEAVE</b>	Provides emergency paid sick leave response to the COVID-19 health emergency.	Effective April 1, 2020 through December 31, 2020 to provide emergency paid sick leave to employees who qualify for leave related to COVID-19. Establishes paid sick for employers with fewer than 500 employees.	Up to 2 weeks of paid sick leave for leave related to coronavirus. -80 hours paid at your regular rate for qualifying reasons 1, 2 and 3 (cap for reasons 1-3 is \$511/daily and \$5,110 total) -80 hours paid at 2/3 of your regular rate for reasons 4 and 6 (cap for reasons 4 is \$200 daily and \$2,000 total) -Concurrent with FMLA (per FMLA requirements/eligibility)	(1) All employees <b>Qualifying: Employee</b> DOL REASON #: (1) is subject to Federal, State or Local Quarantine or Isolation related to COVID-19; (2) is advised by health provider to self-quarantine due to COVID-19; (3) is experiencing COVID-19 symptoms and is seeking a medical diagnosis; (4) is caring for an individual subject to an order described in self-quarantine; (5) is caring for his/her child whose school or place of care is unavailable due to COVID-19 health emergency (6) Experiencing substantially similar conditions as specified by the US Dept of Health and Human Services.	(1) Complete <b>Emergency Paid Sick Leave Form</b> (2) <u>Required Notification:</u> For reason 1, employee must provide, in writing, the name of the government entity that issued the order. For reason 2 or 4, they must provide the name of the health care provider who made the advisement. For reason 3, regular FMLA notice
	<b>FFCRA - EMERGENCY FAMILY CARE LEAVE EXPANSION</b>	To provide family care leave for employees who are unable to work or telework due to a bona fide need for leave to care for a child whose school or child care provider is closed or unavailable for reasons related to COVID-19	Effective April 1, 2020 through December 31, 2020 to provide extended Family Care Leave to employees who qualify for leave related to COVID-19 for employers with fewer than 500 employees.	Up to 2 weeks of paid sick leave for childcare leave related to coronavirus. -Up to 10 weeks paid at 2/3 of your regular rate for reason 5 (childcare). The cap for reason 5 is \$200 daily and \$2,000 total (plus the additional \$10,000 from emergency FMLA leave for a total of \$12,000) - FMLA covered leave (two weeks of paid sick leave followed by up to 10 weeks of paid expanded family & medical leave) at 40 hours a week for FT. PT employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period. -Concurrent with FMLA (per FMLA eligibility/benefits)	(1) All employees <b>Qualifying: Employee</b> DOL REASON #: (5) is caring for his/her child whose school or place of care is unavailable due to COVID-19 health emergency	(1) Complete <b>Emergency Paid Sick Leave Form AND Emergency FMLA Leave Expansion Form</b> (2) <u>Required Notification:</u> For reason 5, they must in writing: [Reason 1] state the name of the child being cared for; [Reason 2] state the name of the school, place of care or child care provider that has closed or become unavailable; and [Reason 3] certify that no other suitable person will be caring for the son or daughter during the period for which the employee is taking emergency paid sick leave.

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Temporary City Benefits for COVID-19	<b>PAID LEAVE ADVANCE</b>	Parents or guardians who need leave assistance with child care due to closures of schools and day care during COVID-19 health emergency.	<i>Parent Employee Support Option.</i> Leave loan program that allows parent employees to request and receive an immediate advance of up to 4 weeks of paid special administrative leave.	Advanced leave of up to 4 weeks of paid special administrative leave to assist with child care during COVID-19 health emergency.	Regular status parent employee with child under 18 years old	(1) Complete <b>Leave Request Form</b> [Select "Other" as Leave Type and enter "Paid Leave Advance for Parent Employees (COVID-19)"] (2) Provide copy of school or day care closure notice
	<b>FLEXIBLE SCHEDULES</b>	Parents or guardians who need flexibility to provide child care supervision during COVID-19 health emergency.	<i>Parent Employee Support Option.</i> Parent employees may request and receive adjustments to their schedule, including changing start/end times, using a combination of paid/unpaid leave during the day, and working different days	Flexible schedule to assist with child care during COVID-19 health emergency.	Regular status parent employee with child under 18 years old	(1) Compose email to supervisor, manager/director and HR manager [State as request "Parent Employee Support (COVID-19) - Flexible Schedule Request." Provide flexible schedule proposed and any additional details, as needed. Include copy of school or day care closure notice.
	<b>PER DIEM REIMBURSEMENT FOR CHILD CARE</b>	Parents or guardians who need assistance to off-set additional child care costs due to child's regular child care providers/ schedules being closed or disrupted.	<i>Parent Employee Support Option.</i> Grant provided by the City for child care assistance.	Grant reimbursement of \$50 per day, up to \$1,500 total over 6 months to parent employees who apply through the City's Catastrophic Fund and provide receipts for child care expenses.	Regular status parent employee with child under 18 years old	(1) Complete <b>Per Diem Reimbursement for Child Care Form</b> and submit receipts for child care expense. Link for form: <a href="https://go.citygro.ws/weho_HR/parent-employee-child-care-reimbursement-form-covid-19-hr-b0afb8a8-27ed-4567-b4cf-304ebd057fbb">https://go.citygro.ws/weho_HR/parent-employee-child-care-reimbursement-form-covid-19-hr-b0afb8a8-27ed-4567-b4cf-304ebd057fbb</a>

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Regular City Benefits	<b>FAMILY CARE LEAVE</b>	Employees who need leave assistance in order to care for a family member with a serious health condition.	Provides additional leave for employees with less than 96 hours of Sick Leave who are caring for family member due to a serious health condition.	320 hours of Family Care Leave to be used for time off for family care. This leave will be used within 12 months from effective date of Family Care Leave.	(1) Regular status employee (2) Less than 96 hours of Sick Leave (3) Medical Certification for parent, spouse, domestic partner or other qualifying family members with a serious health condition(s)	(1) Complete <b>Request for Family Care Leave form (please request FCL policy packet from HR)</b> (2) Provide Medical Certification for parent, spouse, domestic partner or other qualifying family members with a serious health condition(s) (3) Requests will be reviewed and approved by HR Manager
	<b>DISABILITY LEAVE</b>	Disability insurance for employee on extended medical leave.	Disability insurance (1/3 or 66% of pay) for employee disability that extends longer than 30 days (qualifying waiting period).	Disability insurance (1/3 or 66% of pay) for employee disability that extends longer than 30 days (qualifying waiting period).	(1) Regular status employee (2) Employee's medical condition requires extended medical leave (30+ days) (3) Short Term Disability Claim application to be reviewed by Standard Insurance for claim approval	(1) Complete <b>Leave Request Form</b> (2) Complete <b>Standard Disability Claim Packet</b> (3) Medical Certification Form
	<b>PARENTAL LEAVE</b>	Leave for employees who will be absent from work due to the birth or adoption of a child.	Leave for employees who will be absent from work due to the birth or adoption of a child.	520 hours paid leave at two-thirds (2/3) pay or 160 hours paid leave at full pay	(1) Regular status employee <b>Qualifying:</b> -Child-bearing employee -Parent of a newborn child -Adoptive employee/parent of a newly adopted child (6 years of age and under)	(1) Complete <b>Leave Request Form</b> (2) Medical Certification ( <i>for Pregnancy Disability Leave only</i> )
	<b>CATA FUND</b>	Grant or interest-free loan not to exceed \$1,500 per quarter that is provided by the City for employees facing a catastrophic illness (grant) or carastrophic situation (loan).	Grant or interest-free loan not to exceed \$1,500 per quarter that is provided by the City for employees facing a catastrophic illness (grant) or carastrophic situation (loan).	Options: (1) <b>Grant:</b> gift of money from the City which may be granted to an employee who faces a <b>catastrophic illness</b> . Grant is not to exceed \$1,500 per quarter, per employee. (2) <b>Loan:</b> interest free loan not to exceed \$1,500 per quarter, per employee, which may be granted to an employee who faces <b>catastrophic situation</b> .	Regular status employee Qualifying: -" <b>Catastrophic Illness</b> " is defined as a severe illness or injury which is expected to incapacitate the employee for an extended period of time (minimum of 30 days or more) and includes debiitating illness or injury of an immediate family member that results in employee taking extended time off for care -" <b>Catastrophic Situation</b> " is defined as an extreme and exceptional circumstance which creates serious financial hardship and which is beyond the employee's control	(1) Employee or employee designee must complete the CATA Fund Application (2) Please see eligibility requirements #1 through #11 on the CATA Fund Policy and required documents to be furnished upon request. (3) Approval of request is subject to approval of the EAP (Employee Assistance Program) Committee.

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	<p align="center"><b>AFLAC INSURANCE (Optional/Supplemental Benefits)</b></p>	<p>Optional supplemental policies and benefits selected by individual employee through AFLAC. (Employees may enroll in AFLAC post-tax policies anytime. Employees may only enroll in pre-tax policies during new hire [60 days from hire date] and during Open Enrollment.)</p>	<p>Optional supplemental policies and benefits selected by individual employee through AFLAC.</p>	<p>Based on employee's selected policy. To view your individual policy information log into your AFLAC account at <a href="https://phs.aflac.com/aflac.phs.app/account/login">https://phs.aflac.com/aflac.phs.app/account/login</a> or contact AFLAC Rep DiAna Dery at <a href="mailto:d_dery@us.aflac.com">d_dery@us.aflac.com</a></p>	<p>Based on employee's selected policy. To view your individual policy information log into your AFLAC account at <a href="https://phs.aflac.com/aflac.phs.app/account/login">https://phs.aflac.com/aflac.phs.app/account/login</a> or contact AFLAC Rep DiAna Dery at <a href="mailto:d_dery@us.aflac.com">d_dery@us.aflac.com</a></p>	<p>To file a claim, contact AFLAC Rep DiAna Dery at <a href="mailto:d_dery@us.aflac.com">d_dery@us.aflac.com</a></p>