

COVID-19 + MY JOB: A PRACTICAL GUIDE

in CALIFORNIA

If you cannot work because of COVID-19, you may have the right to leave and pay.

This is true if you are:

- sick with COVID-19,
- have been exposed to COVID-19 or have symptoms,
- have been ordered to quarantine, or
- need time off to get a vaccine or recover from a vaccine.

This chart explains the rights you have to leave and pay related to COVID-19. The following pages explain how to access this leave and pay and offer additional tips. For information about leave and pay if you need to care for a child or an ill family member, check out [Caregiving, COVID-19 + My Job: A Practical Guide](#)

All of these rights and protections, except for Unemployment Insurance, are available regardless of immigration status.



PAID SICK TIME

(Use this first)

Local laws may provide additional paid sick time

THESE LAWS MAY HELP:

CA COVID SPSSL

CA COVID-19 SUPPLEMENTAL PAID SICK LEAVE

- more than 25 employees
- January 2021 through September 2021

Because they provide for:

- 2 weeks job-protected paid sick leave if subject to quarantine or isolation order, advised by health care provider to quarantine, experiencing symptoms and seeking a diagnosis, attending a vaccination appointment, or recovering from vaccination

Here's what to do:

Request from your employer

Go to [dlse.ca.gov](https://www.dir.ca.gov)

CA PSD

CA PAID SICK DAYS

- Worked at least 90 days
- For illness, medical appointments, or preventative care

- Job-protected paid sick leave accrued at a rate of 1 hour for every 30 hours worked
- Employer may cap use at 3 days per year

Request from your employer

Go to [dlse.ca.gov](https://www.dir.ca.gov)



JOB-PROTECTED LEAVE

CFRA

CALIFORNIA FAMILY RIGHTS ACT

- 1+ year of service
- 1250+ hours of work in previous year
- 5+ employees

- 12 weeks job-protected leave if seriously ill (can be taken intermittently)
- Continuation of health benefits

Request from your employer

Go to [dfeh.ca.gov](https://www.dir.ca.gov)

FEHA/ADA

CA FAIR EMPLOYMENT & HOUSING ACT

- 5+ employees

AMERICANS WITH DISABILITIES ACT

- 15+ employees

- Reasonable accommodations or changes to the way you do your job. Can include transfer, remote work, or job-protected leave

Request from your employer (See sample letters at [legalaidatwork.org](https://www.legalaidatwork.org))



PAY

If you might have been exposed to or contracted COVID-19 at work, you may be eligible for exclusion pay or pay through workers' compensation. Learn more at [dir.ca.gov/dosh/](https://www.dir.ca.gov/dosh/) and [dir.ca.gov/dwc/](https://www.dir.ca.gov/dwc/)

DI

STATE DISABILITY INSURANCE

- Unable to work, or working less, due to disability
- Paid into SDI during base period

- Up to 60% or 70% of weekly wages, depending on income, for a max. of 52 weeks (no waiting period if have COVID-19 diagnosis)

Apply at [www.EDD.ca.gov](https://www.edd.ca.gov)

UB

UNEMPLOYMENT BENEFITS

- Able to work but unemployed or working less through no fault of your own (laid off/fired, leave not granted) OR unable to work for reasons related to COVID-19
- End dates of COVID-19 related Unemployment Benefits vary

- \$40 to \$450 per week for up to 99 weeks - 26 weeks (traditional CA weekly benefit max) + 53 weeks (extensions provided under new COVID-19-related federal laws) + 20 weeks (extended benefits while unemployment rate is above a certain rate) plus additional \$300 weekly

Apply at [www.EDD.ca.gov](https://www.edd.ca.gov)

Frequently Asked Questions

Who should I ask?

Ask your employer (Human Resources or a manager) for time off and pay.

How can I ask?

You can ask orally or in writing. If you ask in person or over the phone, follow up with a written note, email, or text. You can find a sample written request below.

What information should I include in my request?

Include how much time off work you think you will need and why you need time off. If this changes, update your employer.

Do I need to include a doctor's note?

You do not need to include a doctor's note for paid sick leave but may need to provide a medical certification for CFRA leave.

When should I ask?

As soon as you are able to ask, once you know that you need time off.

What if my employer says no or refuses to pay me?

Your employer is required to pay you if you qualify for COVID-19 Supplemental Paid Sick Leave or California Paid Sick Days:

- If your employer refuses to pay you for your paid sick leave, you should contact your local Labor Commissioner's Office to file a claim for owed wages. Find their information at [dir.ca.gov/dlse/DistrictOffices.htm](https://www.dir.ca.gov/dlse/DistrictOffices.htm) or by calling 1-833-526-4636.
- If your employer refuses to permit you to take paid sick leave, you can file a report of a labor law violation with the Labor Commissioner's Office (more information at <https://www.dir.ca.gov/dlse/owToReportViolationtoBOFE.htm>).

If your employer denies you CFRA leave, you can file a complaint with the Department of Fair Employment and Housing (dfeh.ca.gov).

What if my employer fires me, cuts my shifts or hours, or writes me up?

Your employer is prohibited by law from taking these or similar actions because you requested or used paid sick leave or CFRA leave.

- If after asking for paid sick leave your employer takes any of these or similar actions, you should contact the Retaliation Complaint Investigations Unit of the Labor Commissioner's Office. You can file a complaint online at https://www.dir.ca.gov/dlse/Filing_your_complaint.htm, or you can contact your local Labor Commissioner's office to file a paper complaint.
- If your employer takes these actions because of a request for CFRA leave, you can file a complaint with the Department of Fair Employment and Housing. (dfeh.ca.gov).

What if I run out of paid sick leave and want to be paid for days I cannot work?

After you use up your paid sick leave, the CFRA may provide additional job protection. Disability Insurance (DI), available through the Employment Development Department (EDD), may provide partial pay. Ask your employer for CFRA leave. Apply to the EDD (edd.ca.gov) for DI benefits.

What if I already took sick leave in 2021 but wasn't paid?

You can request pay for time off you took from January through March 2021. You should ask someone in Human Resources or your manager. If you request pay for earlier unpaid time off orally, follow up with a note, text, or email. You can find a sample written request below.

What should I do when I am ready to return to work?

Be sure to keep your employer informed of your expected return date, providing as much notice as you can. Confirm your return date the business day before your return.

What if I am undocumented?

Undocumented workers can qualify for all of these protections except Unemployment Insurance Benefits. Check out [this guide](#) for information on how to apply for Disability Insurance (DI) or Paid Family Leave if you are undocumented.

What if the reason I need leave is because I need to care for a child or my family is sick?

Check out [Caregiving, COVID-19 + My Job: A Practical Guide](#) for more information.

This information is current as of May 2021. If you have questions about your right to COVID-19 Supplemental Paid Sick Leave, contact Legal Aid at Work's Work and Family Helpline at (800) 880-8047. Legal Aid at Work cannot ensure this information is current or be responsible for any use to which it is put.

QUESTIONS ?

Call 800-880-8047
or visit legallaidatwork.org

LEGAL
AID AT
WORK

Sample Request Letters for COVID-19 Sick Leave & Pay

COVID-19-RELATED LEAVE AND PAY

[DATE]

Dear _____,
[EMPLOYER]

I am requesting COVID-19 Supplemental Paid Sick Leave from _____ to _____.
[DATE] [DATE]

I need paid sick leave because: *[Mark all applicable]*

- I have been instructed to quarantine
- I have COVID-19 symptoms and am seeking a diagnosis
- I am getting a COVID-19 vaccine
- I am recovering from a COVID-19 vaccine.

Please let me know if you have questions. I can be reached at _____.
[PHONE NUMBER OR EMAIL]

Thank you,

[NAME]

PAST COVID-19-RELATED LEAVE AND PAY

[DATE]

Dear _____,
[EMPLOYER]

I am requesting COVID-19 Supplemental Paid Sick Leave for the time I was on leave from

_____ to _____ because: *[Mark all applicable]*
[DATE] [DATE]

- I had been instructed to quarantine
- I had COVID-19 symptoms and was seeking a diagnosis
- I was getting a COVID-19 vaccine
- I was recovering from a COVID-19 vaccine.

Please let me know if you have questions. I can be reached at _____.
[PHONE NUMBER OR EMAIL]

Thank you,

[NAME]