If you need time off work because you are caring for a family member affected by COVID-19, you may have the right to leave and pay.

This chart explains the rights you have to leave and pay for caregiving 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 have COVID-19, need to quarantine, or need to get vaccinated check out COVID-19+My Job: A Practical Guide

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### COVID-19 SUPPLEMENTAL PAID SICK LEAVE
- more than 25 employees
- January 2021 through September 2021
- Up to 2 weeks of job-protected paid leave to care for a sick or quarantined family member, or care for a child whose school or childcare is closed or unavailable due to COVID-19 on the premises
- Request from your employer
- Go to dlse.ca.gov

### CA PAID SICK DAYS
- Worked at least 90 days
- Family member is ill, has medical appointments, or needs 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

### CALIFORNIA FAMILY RIGHTS ACT
- 1+ year of service
- 1250+ hrs of work in previous year
- 5+ employees
- 12 weeks job-protected leave to care for seriously ill family member (can be taken intermittently)
- Continuation of health benefits
- Request from your employer
- Go to dfeh.ca.gov

### CA FAMILY SCHOOL PARTNERSHIP ACT
- 25+ employees at worksite
- School or licensed day care provider is unavailable
- Up to 40 hours of job-protected leave to deal with a child care or school emergency, including COVID-19 closures.
- Request from your employer
- Go to dlse.ca.gov

### CA PAID FAMILY LEAVE
- Care for a seriously ill family member
- Paid into SDI during base period
- Up to 60% or 70% of weekly wages, depending on income, for a max. of 8 weeks (can be taken intermittently)
- Apply at www.EDD.ca.gov

### 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 reason 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
Practical Tips for COVID-19 Caregiving LEAVE and PAY

In 2018, Luisa is hired at a restaurant with 6 employees. She works fulltime.

In 2021, Luisa’s spouse Terry gets COVID-19, becomes very ill, and needs Luisa’s care.

Terry develops complications and Luisa needs extended time off to care for Terry. Luisa asks her boss for paid time off to care for her spouse and uses California COVID Supplemental Paid Sick Leave (CA COVID SPSL) which provides JOB PROTECTION and FULL PAY for up to 80 hours or 2 weeks.

<table>
<thead>
<tr>
<th>LEAVE TYPE</th>
<th>TIME</th>
<th>BENEFIT</th>
<th>CA COVID SPSL</th>
<th>CA PSD</th>
<th>CFRA</th>
<th>PFL</th>
</tr>
</thead>
<tbody>
<tr>
<td>CA COVID SPSL</td>
<td>2 weeks</td>
<td>Full pay $</td>
<td></td>
<td></td>
<td>Job protection</td>
<td></td>
</tr>
<tr>
<td>CA PSD</td>
<td>3 days</td>
<td>Full pay $</td>
<td></td>
<td></td>
<td>Job protection</td>
<td></td>
</tr>
<tr>
<td>CFRA</td>
<td>12 weeks</td>
<td>Job protection</td>
<td></td>
<td></td>
<td>60 or 70% pay</td>
<td></td>
</tr>
<tr>
<td>PFL</td>
<td>8 weeks</td>
<td>PARTIAL PAY</td>
<td></td>
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</tr>
</tbody>
</table>

Below is an example of how a worker can receive leave and pay to care for a family member with COVID-19. Following the example are answers to frequently asked questions and sample paid sick leave request letters.

Terry is still sick so Luisa uses her CA Paid Sick Days (CA PSD) which provide JOB PROTECTION and FULL PAY for 3 days.

Because Terry is still sick, Luisa requests to use her California Family Rights Act Leave (CFRA) for JOB PROTECTION (lasts up to 12 weeks) and applies to EDD for Paid Family Leave (PFL) for PARTIAL PAY (lasts up to 8 weeks).
**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 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 [www.dir.ca.gov/dlse/Filing_your_complaint.htm](http://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 denies you CFRA leave, you can file a complaint with the Department of Fair Employment and Housing ([dfeh.ca.gov](http://dfeh.ca.gov)).

**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 or California Paid Family Leave if you are undocumented.

**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. California Paid Family Leave (CA PFL), available through the Employment Development Department (EDD), may provide partial pay. Ask your employer for CFRA leave. Apply to the EDD ([edd.ca.gov](http://edd.ca.gov)) for PFL benefits.

**What if the reason I need leave is because I am sick or was exposed?**

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.
Sample Request Letters for COVID-19 Caregiving Leave & Pay

COVID-19-RELATED LEAVE AND PAY

[DATE]

Dear _________________________________ [EMPLOYER],

I am requesting COVID-19 Supplemental Paid Sick Leave from __________________ to __________________ .

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

☐ I need to care for a family member who is ill with or exposed to COVID-19
☐ I need to care for my child / children because their normal care is unavailable because of COVID-19 onsite

[For extended caregiving leave:]

I am requesting leave under the California Family Rights Act from __________________ to __________________ .

I need leave to care for my family member who has a serious health condition.

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 leave I took from __________________ to __________________ .

I needed paid sick leave because: [Mark all applicable]

☐ I needed to care for a family member who was ill with or exposed to COVID-19
☐ I needed to care for my child / children because their normal care was unavailable because of COVID-19 onsite

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

Thank you,

______________________________ [NAME]