

## If you're sick, stay home, rest, and remember to:



Cover your coughs and sneezes with a tissue or your sleeve.



Wash your hands often with soap and water.



Talk to your supervisor about working from home.





www.cdc.gov/handwashing



# PLEASE PROTECT ONE ANOTHER FROM COVID-19

Wear a face covering and keep 6 feet apart from others in public spaces.

Wash hands before and after wearing a mask



Fit coverings snugly but comfortably against the side of the face



Use the ties or loops to put your mask on and off



Face coverings should have multiple layers



Avoid touching the front of the face covering, especially when you take it off



Wash and dry your cloth mask daily



Children should only wear them with adult supervision

For more information: kingcounty.gov/masks



KCIT-DCE file: 2004\_10087L\_COVID-19\_PH-MASKdirective\_ENGLISH.ai

## DO YOUR PART

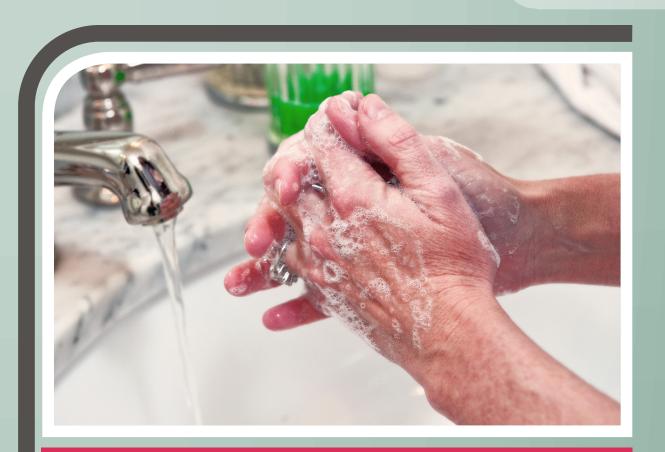
## SLOV THE SPREAD OF GERIALS



Cover your coughs and sneezes



Stay home when you're sick



Wash your hands often



## **EMPLOYEE RIGHTS**

PAID SICK LEAVE AND EXPANDED FAMILY AND MEDICAL LEAVE UNDER THE FAMILIES FIRST CORONAVIRUS RESPONSE ACT

The **Families First Coronavirus Response Act (FFCRA or Act)** requires certain employers to provide their employees with paid sick leave and expanded family and medical leave for specified reasons related to COVID-19. These provisions will apply from April 1, 2020 through December 31, 2020.

### PAID LEAVE ENTITLEMENTS

Generally, employers covered under the Act must provide employees:

Up to two weeks (80 hours, or a part-time employee's two-week equivalent) of paid sick leave based on the higher of their regular rate of pay, or the applicable state or Federal minimum wage, paid at:

- 100% for qualifying reasons #1-3 below, up to \$511 daily and \$5,110 total;
- 3/3 for qualifying reasons #4 and 6 below, up to \$200 daily and \$2,000 total; and
- Up to 12 weeks of paid sick leave and expanded family and medical leave paid at  $\frac{2}{3}$  for qualifying reason #5 below for up to \$200 daily and \$12,000 total.

A part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

### **ELIGIBLE EMPLOYEES**

In general, employees of private sector employers with fewer than 500 employees, and certain public sector employers, are eligible for up to two weeks of fully or partially paid sick leave for COVID-19 related reasons (see below). *Employees who have been employed for at least 30 days* prior to their leave request may be eligible for up to an additional 10 weeks of partially paid expanded family and medical leave for reason #5 below.

### QUALIFYING REASONS FOR LEAVE RELATED TO COVID-19

An employee is entitled to take leave related to COVID-19 if the employee is unable to work, including unable to **telework**, because the employee:

- **1.** is subject to a Federal, State, or local quarantine or isolation order related to COVID-19;
- **2.** has been advised by a health care provider to self-quarantine related 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 (1) or self-quarantine as described in (2);
- **5.** is caring for his or her child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons; or
- **6.** is experiencing any other substantially-similar condition specified by the U.S. Department of Health and Human Services.

## ENFORCEMENT

The U.S. Department of Labor's Wage and Hour Division (WHD) has the authority to investigate and enforce compliance with the FFCRA. Employers may not discharge, discipline, or otherwise discriminate against any employee who lawfully takes paid sick leave or expanded family and medical leave under the FFCRA, files a complaint, or institutes a proceeding under or related to this Act. Employers in violation of the provisions of the FFCRA will be subject to penalties and enforcement by WHD.



For additional information or to file a complaint:

**1-866-487-9243** TTY: 1-877-889-5627

dol.gov/agencies/whd

