

Qualifying Reasons (U.S. Dept. of Labor)	Emergency Paid Sick Leave	Expanded FMLA
#1 I am subject to a Federal, State, or local quarantine or isolation order related to COVID-19.	100% of regular rate of pay, up to \$511 / day for up to 10 days (\$5,110 total)	N/A
#2 I have been advised by a health care provider to self-quarantine related to COVID-19.		
#3 I am experiencing COVID-19 symptoms and am seeking a medical diagnosis.		
#4 I am caring for an individual subject to an order described in #1 or self-quarantine as described in #2.	2/3 of regular rate of pay, up to \$200 / day for up to 10 days (\$2,000 total)	N/A
#5 I am caring for my child whose school or place of care is closed (or childcare provider is unavailable) due to COVID-19 related reasons, and no other person is available to provide care.		2/3 of regular rate of pay up to \$200 / day for up to 10 additional weeks. (\$10,000 total for this, and Grand Total \$12,000)
#6 I am experiencing a substantially similar condition specified by the U.S. Department of Health and Human Services.		N/A