


Pay Options During the COVID-19 Pandemic						
			Required Application Process through the City of Spokane's HR Department or WA State *Eligibility Requirements Vary Per Leave Type			
	Telecommute (If available)	Use Accrued Leave Balances	FFCRA Emergency Paid Sick Leave (Up to 80 hours, effective 4/1/2020 - 12/31/2020)	FFCRA Emergency Family & Medical Leave (Up to 12 weeks, effective 4/1/2020-12/31/2020)	WA State Paid FML (Applies to employees covered by a Collective Bargaining Agreement ratified after October 19, 2017)	Unpaid Leave of Absence (Up to 120 days)
Impact on Pay	Employee receives regular pay	Employee receives regular pay	Employee receives regular pay	First 2 weeks unpaid (may cover w/ Emergency Paid Sick leave); remaining 10 weeks paid 2/3 regular rate of pay, up to \$200/day maximum, may supplement pay with PTO	As determined by the ESD	Unpaid Leave
Impact on Benefits	Benefits remain Status Quo	Benefits remain status quo	Benefits remain status quo	Benefits remain status quo	Benefits remain Status Quo (Employee Portion is billed)	Benefits remain status quo for 90 days, then COBRA
How to Apply	Discuss with supervisor	Discuss with supervisor	Human Resources	Human Resources	Employment Security Department	Discuss with supervisor and Human Resources
I am subjected to a federal, state, or local quarantine or isolation order related to COVID-19.	X	X	X			
I have been advised by a healthcare provider to self-quarantine due to COVID-19 concerns	X	X	X			
I am experiencing COVID-19 symptoms and seeking medical diagnosis		X	X		X	
I am caring for an individual advised by a health care provider to self-quarantined due to COVID-19 concerns		X	X		X	
I am providing care for my child because my child's school or place of care is closed or my child's care provider is unavailable due to public health emergency AND I am unable to telework	X	X	X	X		
I am experiencing another substantially similar condition specified by the Secretary of Health and Human Services in consultation with the Secretary of the Treasury and the Secretary of Labor		X	X		X	
I am afraid of exposure and decline to come to work	X	X				
My department reduced hours due to lack of work		X				
I have utilized all of my available leave and am not able to go to work	X					X