



COVID-19 Sick and Family Leave Policy

In accordance with the Families First Coronavirus Response Act (“FFCRA” or the “Act”), Angel Senior Home Care provides our employees with expanded family and medical leave and sick leave for specified reasons related to COVID-19. This COVID-19 Leave Policy (the “Policy”) will apply through no later than December 31, 2020. Additionally, should any state or federal law conflict with any provisions in this Policy as stated, Angel Senior Home Care, will comply with the applicable law.

A. Emergency Sick Leave

Eligibility

Under the FFCRA, an employee qualifies for expanded paid sick leave if the employee is unable to work (or to telework) due to a need for leave 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 a child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19; ** or
- 6) is experiencing any other substantially-similar condition specified by the Secretary of Health and Human Services, in consultation with the Secretaries of Labor and Treasury

For all items 1 thru 6, a doctor’s note must accompany each item-medical documentation is mandated. For #5, additional verification will be required.

Duration of Leave

Full-time employees are eligible for up to 80 hours of leave, and part-time employees are eligible for the number of hours of leave that the employee works on average over a two-week period.

Payment of Leave

For leave reasons (1), (2), or (3): employees taking leave shall be paid at either their regular rate or the applicable minimum wage, whichever is higher, up to \$511 per day.

For leave reasons (4), (5) or (6): employees taking leave shall be paid at **2/3** their regular rate or **2/3** the applicable minimum wage, whichever is higher, up to \$200 per day. The Company does not allow employees to elect to take expanded sick leave at the same time as any existing paid leave that would be available to them in that circumstance. Expanded leave provided under this Policy does not carry over from one year to the next. Employees are not entitled to reimbursement for unused leave upon termination, resignation, retirement, or other separation from employment.



B. Emergency Family and Medical Leave

Under the FFCRA, an employee qualifies for expanded family and medical leave if he/she has worked for the Company for at least 30 days and the employee is unable to work (or to telework) because he/she is caring for a child whose school or place of care is closed (or child care provider is unavailable) for reasons related to COVID-19, indicated as reason (5) above. Verifications required for #5.

Employees may take up to an additional 10 weeks of expanded paid family and medical leave at 2/3 their regular rate or 2/3 the applicable minimum wage, whichever is higher, up to \$200 per day (over a 12-week period—80 hours of leave (or the pro-rated equivalent) not covered by expanded FMLA followed by up to 10 weeks of paid expanded family and medical leave). Employees may elect—or be required by the Company—to take expanded family and medical leave at the same time as any existing paid leave that would be available to them in that circumstance.

During the initial 80 hour period, an employee may elect to use available emergency sick leave, accrued vacation leave, personal leave, leave without pay, or medical or sick leave. During this initial period, employees may not simultaneously take emergency sick leave and preexisting paid leave, unless the Company agrees to allow you to supplement the amount you receive from paid sick leave with your preexisting paid leave, up to your normal earnings.

D. General Information

Notification and Documentation

All requests under this Policy should be sent by email to Eleanor Wilson, Branch Manager at: ewilson@angelseniorhomecare.com. Employee will be asked to provide supporting documentation for the qualifying reason for leave at the time of the request or within fifteen (15) calendar days of the request.

No Retaliation or Discrimination

Angel Senior Home Care prohibits any form of discrimination or retaliation, including discharge, or discipline, against any employee who takes expanded leave under the FFCRA and files a complaint or institutes a proceeding under or related to the FFCRA.

This policy does not negate any other Company policy. This policy is effective from April 1, 2020 through December 31, 2020.

Acknowledgment of Receipt and Review

I, _____ Employee Name, acknowledge that on _____ Date, I received and read a copy of the Angel Care COVID-19 Leave Policy, and understand that it is my responsibility to be familiar with and abide by its terms. This Policy is not promissory and does not set terms or conditions of employment or create an employment contract.

Signature

Printed Name

Date