**COVID-19**Time-off and Leave Information

## We need to balance [company name]’s and employees’ needs thoughtfully during uncertain global business challenges:

## Maintain the health of our business

## Be human-centered in our delivery

## Keep our employees and customers safe through this difficult period

**If you are experiencing flu-like symptoms**(FEVER, COUGH OR SHORTNESS OF BREATH)

Please DO NOT come into work and contact your doctor and manager immediately.

**If you have questions on how [company name] is responding to COVID-19**

Please refer to [insert where employees can go with questions].

**If you need to request time off from work due to COVID-19**Please refer [insert resource/person to contact] on the special COVID-19 absence scenarios that are available through [company name].

**Time off and leave options**

# Paid Leave

Insert company specific content here

# Paid Time Off (PTO)

Insert company specific content here

# S­­­­ick Leave

Insert company specific content here

# Paid Family Leave (varies by state)

****Insert company specific content here

# State/Disability Insurance

Insert company specific content here

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