	Subject to	Compensa	Vacation (if	Emergen	Extended 5	Personal Necessity	District Sick Leave	Emergency	EMPLOYEE IS
	ct to	pensatory Time	on (if	mergency FMLA	tended Sick Leave	Vecessity	ck Leave	mergency Paid Sick	YEE IS
	NO	YES	YES	YES, if employee meets	YES	YES	YES	YES	Employee Tested COVID-
The second secon	NO	YES	YES	YES, if employee meets	YES	YES	YES	YES	Employee Medically
2000	NO	YES	YES	MAYBE, if employee meets	NO	YES	YES, Doctor's Note	NO	Employee Self-
	NO	YES	YES	NO	NO	YES	YES, Doctor's Note	NO	Employee Self-
	NO	YES	YES	NO	NO	YES	YES, Doctor's Note	NO	Employee Medically
	NO	YES	YES	YES, if employee meets	NO	YES	YES	YES, if Doctor's Note	Employee Caring for
	NO	YES	YES	YES	NO	YES	NO	YES, if Declaration	Employee Unable to Work
	YES	NO	NO	MAYBE, if employee meets	NO	NO	NO	NO	Employee Feels Unsafe

Questions?

*All doctor's notes should go to the Personnel Department

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*Point-of-contact for leaves of absence, emergency paid sick leave, and emergeny FMLA - Brittany Manyika, Human Resources Technician (bmanyika@riversideunified.org or (951) 788-7135

*Leaves as defined in the CBA are still in place this chart is to define the additional leave related to COVID-19 leaves