## Employee HANDBOOK ADDENDUM

*The sections set out below replace or supplement the existing provisions in the Employee Handbook related to leave entitlements.*

## PART 3: LEAVES OF ABSENCE

##  SICK LEAVE

The Business will provide up to three (3) unpaid sick days per calendar year to an employee, with eligibility beginning after 90 (ninety) days of employment. Unused sick days will not be carried over from year to year or paid out at the termination of employment.

## COVID-19 Job-protected leave

On March 23, 2020, the BC Legislature enacted [Bill 16](https://www.leg.bc.ca/parliamentary-business/legislation-debates-proceedings/41st-parliament/5th-session/bills/progress-of-bills) amending the ESA to introduce a new unpaid leave of absence for employees who are unable to work due to COVID-19. The leave applies in the following circumstances:

* Employee is diagnosed with COVID-19 and is acting in accordance with medical direction;
* Employee is in quarantine or self-isolation in accordance with:
	+ (i) an order of the provincial health officer,
	+ (ii) an order made under the Quarantine Act (Canada),
	+ (iii) guidelines of the British Columbia Centre for Disease Control, or
	+ (iv) guidelines of the Public Health Agency of Canada
* The Business has directed the employee not to work out of concern for employee’s exposure to other employees;
* The employee is providing care to an eligible person, including because of the closure of a school or daycare or similar facility;
* The employee is outside the province and cannot return to British Columbia because of travel or border restrictions; or
* Other situations to be prescribed in the *Regulation*

The leave lasts as long as the situation described above justifying the leave lasts. The Business may request reasonably sufficient proof but may not request a medical certificate.

This leave is retroactive to January 27.

**EMPLOYEE ACKNOWLEDGEMENT FORM**

I confirm that I have received and had the opportunity to read the above. I acknowledge that I understand the above provisions and that failure to abide by them may result in discipline up to and including the termination of my employment.

**Employee name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee signature:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_