

Leave Administration Form | Leave Request Form

Department of Human Resources Leaves Administration Team



Instructions

Employees should submit this completed request form to their agency human resource professional at least 30 calendar days before leave begins (if the leave is foreseeable) or as soon as possible (if the leave is unforeseeable). **A medical certification form is required for each requested leave of absence and serious health condition upon request by your agency.**

Employee Name _____ Phone _____ Email _____
 Home Address _____ City _____ State _____ Zip _____
 Employee ID# _____ Supervisor Name _____ Work location _____
 Name of spouse/domestic partner that works for King County (if applicable) _____

Indicate Covered Family Member and Expected Leave Schedule

Self Other Name and relationship _____ Date of Event _____
 Leave Reason (do not provide medical details) _____
 Leave Start Date _____ Anticipated return to work date _____
 Briefly describe how leave will be taken _____

Indicate Order of Paid Accruals (ex. 1, 2, 3, etc.) During Your Leave

Reason for Leave	Sick	Vacation	Unpaid	Other (_____)	Paid Parental Lv.
Employee's Health Condition	____	____	____	____	NA
Bonding (newborn, adoption, foster-to-adopt)	____	____	____	____	____
Family Member Condition	____	____	____	____	NA

KCFML Only: I opt to reserve _____ hours (1-80) of my sick leave for later use (family member leave only).

PFML: Do you intend to apply for weekly Paid Family and Medical Leave payments through the Employment Security Department (ESD). PFML payments are not considered pay by King County. YES NO
 *Employees must inform King County when unpaid PFML begins and all days they are using unpaid PFML. Use of unpaid PFML and paid accruals on the same day may cause overpayment and Washington State may seek PFML reimbursement.

Employee acknowledgement of request – read carefully

The information I have provided is true, correct, and complete. I understand that if I have falsified any information related to my Protected Family and Medical Leave Request, it may lead to disciplinary action up to and including discharge from employment. I understand that I am required to follow the usual and customary procedure for calling in. I will notify my supervisor and/or department human resources contact or designee when there are changes to the circumstances of my leave and provide updated medical certification as required. I understand that my supervisor or department human resources contact, or designee, may contact me during my leave period to verify my status and obtain updates as to my estimated date of return to work. I understand that for me to return to work from my own serious health condition, my health care provider may need to provide a release for return to full-time, part-time, or transitional duty and that any release other than a full release must be reviewed and approved by my supervisor and/or department human resources contact or designee before I report to work. I understand that if I do not return to work for at least six months of continuous service after my paid parental leave, I will be required to reimburse King County for all paid parental leave funds received.

Employee signature _____ Date _____

Medical Certification form: Attached Not attached, but will be provided within fifteen calendar days on _____ Documentation attached for baby/child bonding

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Notice of rights and obligations – Read carefully and keep for your records

King County complies with federal and state leave provisions as well as any changes to these laws as may occur through administrative interpretation, legislative enactment and controlling court decisions. Unless otherwise indicated, the information provided below is subject to such changes in the law and will be interpreted consistent with any such changes.

Designation

Once protected leave is designated, it may count against your available leave entitlements. King County requires a valid medical certification form for each requested leave of absence (or simple documentation for bonding leave). Failure to provide requested documentation may result in denial of your protected leave entitlements and a loss of benefits.

Workers' compensation

Leave because of a work-place injury/workers' compensation may also qualify for protected leave which will run concurrently as long as you remain eligible for and have remaining entitlement balances. Payments received for a workers compensation claim are not considered pay.

Job protection and benefit continuation

- Under federal and state leave laws, you may be restored to your original or equivalent position with equivalent pay, benefits, seniority, and other employment terms upon return from protected leave. You do not lose any employment benefits that accrued before the start of your leave, and no adverse personnel actions may be taken against you for taking protected leave.
- These protections do not apply if your job is eliminated due to a *bona fide* workforce reduction or if you do not return to work by the expiration date of your leave. Failure to return by the expiration date may be cause for removal and may result in termination of your employment.
- PCPRC leave does not provide continuation of county-paid health and insurance benefits unless the employee elects to use paid leave accruals or elects to begin concurrent use of FMLA/KCFML entitlements. Employees in this situation would be required to self-pay for continuation of health benefits via COBRA.
- If you enter an unpaid status, you will be responsible for paying all basic and supplemental non-health (life, AD&D, LTD) insurance premiums. Contact Benefits, Payroll and Retirement Operations at 206-684-1556 to maintain coverage.

Returning from leave

Upon returning from your leave, you may be required to provide a written medical release or fitness-for-duty form if the leave was taken due to your own serious health condition. If you do not return to work following your approved leave, you may be liable for the employer's share of health care insurance premiums [29 CFR 825.301 (B)(1)].

Important dates - Employee

- **Same Day/5 Days:** Employees should generally submit medical certification at the time of the request.
- **30 Days:** Foreseeable conditions or as soon as possible if unforeseeable (only FMLA, KCFML, PCPRC, PFML).
- **15 Days:** Deadline to submit medical certification to employer.
- **Chronic Conditions:** Visit doctor at least twice a year. Employer may request medical certifications every 6 months or as otherwise available under the law.
- **Bonding Leave:** You must provide 'simple documentation' (i.e., birth certificate, handwritten note from employee, etc.) to certify a leave of absence for the purpose of bonding with a newborn, adopted child or foster child.
- **Paid Parental Leave:** Request for intermittent PPL requires supervisor prior approval.

Important dates – Employer

- **5 Days:** Agencies have five days to inform employees of FMLA eligibility and PFML rights. Notice can be by email or using the standard Leave Response Form (eligibility for other leave laws also listed).
- **7 Days:** Incomplete or insufficient medical certifications (i.e., vague, ambiguous) must be returned to the employee with written instructions explaining necessary information for a complete certification. The employee has 7 days to meet with healthcare provider to correct areas and submit updated certification.

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- **30 Days:** Agencies may not request re-certifications more often than every 30 days (some exclusions).
- **Authenticate/Clarify:** King County (agency human resource professional or disability services) may contact the health care provider to clarify or authenticate medical certifications (supervisor should never perform this action).
- **5 Days:** King County uses reported time to determine exhaustion of FMLA entitlements and will notify employees in writing (email or letter) within five business days. No negative employment actions, like termination, should be considered during the notice period.

Use of paid leave and donated leave

- **Protected Leave:** Employees may choose to use accrued leave to maintain pay during protected leave.
- **Donated Leave:** Employees cannot use donated leave until you have exhausted all your own accrued leave (e.g., vacation leave, sick leave, benefit time leave, holiday banked leave, compensatory time, executive leave).
- **PPL:** Paid parental leave hours will be calculated using your paid leave accrual balances (sick, vacation, and executive leave and/or Benefit Time) on the date of the qualifying event (e.g., birth, adoption, or foster-to-adopt placement).
- **PFML:** Payments received through PFML are not considered pay by King County.
- **PFML:** King County does not allow employees to use accrued leave to supplement PFML payments to achieve 100% of their regular pay. Visit the WA PFML materials for more information.
- **PFML:** Employees should not use accrued paid leave for the same 8-hour period they are requesting PFML payments from the State of Washington (Employment Security Department).

For additional information

- **Assistance:** Contact your agency human resource professional to initiate leave or for leave related questions.
- **Federal Family and Medical Leave Act (FMLA) law:** <http://www.dol.gov/whd/fmla/index.htm>
- **Washington Paid Family and Medical Leave:** <https://paidleave.wa.gov/>
- **Washington Family Care Act (WFCA) law:** <http://apps.leg.wa.gov/WAC/default.aspx?cite=296-130>
- **Pregnancy Discrimination (PCPRC) law:** <http://apps.leg.wa.gov/WAC/default.aspx?cite=162-30-020>
- **King County Paid Parental Leave:** <http://www.kingcounty.gov/audience/employees/pay-benefits/paid-parental-leave.aspx>
- **King County Benefits, Payroll and Retirement Operations:** Phone: 206-684-1556 - Email: kc.benefits@kingcounty.gov
- **King County Leave Administration Website:** <https://kingcounty.gov/audience/employees/benefits/leaves.aspx>

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Employer requirement to provide notice to employees

Employers with employees working in Washington state must provide the following notice to employees who may be eligible for Paid Family and Medical Leave the later of:

- Five business days after an employee's seventh consecutive day of absence due to family or medical leave, or
- Five business days after an employer becomes aware that the employee's absence is due to family or medical leave.

Paid Family and Medical Leave

Statement of Employee Rights

You may qualify for Paid Family and Medical Leave

As of Jan. 1, 2020, Washington employees who have worked 820 hours or more in the qualifying period and experience(d) a qualifying event have access to Paid Family and Medical Leave.

Employees who have missed work due to family or medical reasons may be eligible for paid family or medical leave for the following qualifications:

- Care for and bond with a child younger than 18 following birth or placement.
- Care for yourself or a family member experiencing a serious health condition.
- Certain military-connected events.

Paid Family and Medical Leave requires that you give your employer(s) written notice at least 30 days in advance of when you plan to take leave. However, if the reason you need leave was not foreseeable, you may notify your employer(s) as soon as possible.

The Paid Family and Medical Leave Benefit Guide provides information on how to apply for benefits and submit weekly claims. It also explains your rights and responsibilities under the law. Download the guide at www.paidleave.wa.gov/benefit-guide.

For more information about how to apply, contact us at 833-717-2273 or visit www.paidleave.wa.gov.

Important information for when you apply

Employee name: _____ Date: _____

Employer UBI #: **578-055-920** This employer offers supplemental benefits: Y _____ N **X** _____

Note: Except during the waiting week, employees cannot use employer provided paid time off at the same time as Paid Family and Medical Leave, unless the employer chooses to offer a "supplemental benefit." Supplemental benefits can be used along with Paid Family and Medical Leave to provide additional pay while an employee receives partial wage replacement through Paid Leave benefits. Employees may accept or reject supplemental benefit payments.

Employer signature: _____ Employer phone number: _____