

Leave Administration Form | Leave Response Form



Department of Human Resources Leaves Administration Team

Leave is: ☐ Approved ☐ Denied: Reason for denial: _____ ☐ Eligibility Notice Only

Instructions

Agency human resource professional completes this form and returns to the employee **within five business days**, absent extenuating circumstances. If leave is denied/ineligible, complete the first page and return. Employees may be eligible for more than one type of protected leave. Please indicate all types that apply.

Name of Employee requesting leave: _____ Employee ID: _____

If leave is for a family member, enter name and relationship of family member: _____

You are entitled to the following types of leave which will count against your leave entitlement as indicated below

Family and Medical Leave Act (FMLA) King County Family and Medical Leave (KCFML)	Serious health condition of: ☐ Self ☐ Spouse ☐ Child of Employee or Spouse ☐ Parent of employee ☐ Military service member (FMLA) ☐ Qualifying exigency leave associated with call to active duty (FMLA) ☐ Child bonding: birth of son/daughter, care for newborn, placement for adoption or foster care ☐ Employee workers' compensation injury/illness Claim No. _____ ☐ Registered domestic partner (KCFML) King County Affidavit of Domestic Partnership required. ☐ Parent of spouse or domestic partner (KCFML) ☐ Child of domestic partner (KCFML) ☐ In loco parentis (Employee or Spouse) ☐ In loco parentis (domestic partner under KCFML only)
Washington Family Care Act (WFCA) Paid leave only	Serious/emergency health condition of employee's: ☐ Child ☐ Spouse ☐ Grandparent ☐ Parent or spouse's parent or an individual who stands or stood <i>in loco parentis</i> ☐ WA state registered domestic partner ☐ WA state registered domestic partner child ☐ WA state registered domestic partner parent or an individual who stands or stood <i>in loco parentis</i>
Pregnancy, Childbirth and Pregnancy Related Conditions (PCPRC)	☐ King County employee with a temporarily disabled condition related to their pregnancy or childbirth
King County Paid Parental Leave (PPL)	☐ Birth of employee's child, the employee's adoption of a child or the foster-to-adopt placement of a child with the employee
Washington Paid Family & Medical Leave (PFML)	☐ The employee has indicated they have/will apply for PFML which is a Washington State program managed by the Employment Security Department (ESD). PFML payments are issues through ESD. Job Restoration Rights: ☐ Yes (employed at least 180 calendar days prior to leave) ☐ No Based on information you provided, and information provided by the Paid Family and Medical Leave program, your right to job protection under Paid Leave is estimated to expire on _____ and your first scheduled workday after your leave ends is _____. (Contact the King County Language Access Program at 206-477-6608 to translate this PFML information as needed into a language understood by the employee. RCW 50A.35.010.)

FMLA Eligibility

☐ Yes, eligible for FMLA	Not Eligible for FMLA (please select one reason): ☐ Employee has not worked 12 months or more for King County within the previous seven years. ☐ Did not have at least 1,250 hours worked within the preceding 12 months. Actual hours: _____
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Leave Information

Describe expected employee leave pattern (continuous, intermittent, reduced schedule, duration, from-to, hours per day, etc.):

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Employee Name: _____ Medical Certification Expires: _____

Medical Certification and Documentation

Medical Certification is: ☐ Sufficient ☐ Insufficient ☐ Not received and must be provided by*: _____

Medical Certifications must be submitted by the employee on the following dates: ☐ _____ ☐ _____ ☐ _____

Documentation for bonding (newborn, adoption, foster-to-adopt) is: ☐ Sufficient ☐ Insufficient

*If medical certification or documentation is not submitted/insufficient, start of leave may be delayed/denied. Employee may be subject to recertification every 30 days when a minimum duration of leave is not specified in or the leave pattern exceeds information

Available Leave Entitlements and Paid Accruals

FMLA:	Hours used within previous 12 months _____	Weeks available: _____	Hours available: _____
KCFML:	Hours used within previous 12 months _____	Weeks available: _____	Hours available: _____
Accruals:	Sick: _____ Vacation: _____ Paid Parental Leave: _____ Comp Time: _____ Other: _____ Other: _____		

Leave Designation

☐ Provided there is no deviation from your anticipated leave schedule, the following number of hours, days or weeks will be counted against your ☐ FMLA ☐ KCFML leave entitlements: Hours _____ Days _____ Weeks _____

☐ Since your leave schedule is not set, it is not possible to provide how it will be counted against your FMLA/KCFML entitlements.

Employee rights, responsibilities and notification

- Time away from work for qualified leave reasons will be designated and counted against available leave entitlements.
- The employee may use paid leave in accordance with King County Personnel Guidelines and/or collective bargaining agreement (or *Superior Court Administrative Guidelines for Personnel Management* and the *Bailiff Guidelines*, as applicable).
- King County uses the rolling 12-month calendar method to determine leave entitlements.
- While on protected leave or during use of available accruals, employees receive the same medical (medical/dental/vision) and non-medical (basic life/basic accidental death and dismemberment/basic long-term disability) benefits they had when on active paid status immediately before the leave began (does not apply to PCPRC).
- Once protected leave is exhausted, employees may choose to continue medical benefits by self-paying for COBRA.
- If the employee enters an unpaid leave status, the employee may choose to continue their basic and supplemental non-medical coverages (life, AD&D, LTD). Contact Benefits, Payroll and Retirement Operations at 206-684-1556.
- Employee rights under Washington Paid Family and Medical Leave may be found at: <https://paidleave.wa.gov/>
- Response forms with the box checked 'Eligibility Notice Only' will require an updated leave response form once the employee has provided the required medical certification.
- Employees are expected to:
 - Notify their supervisor/human resource professional if and when circumstances of leave change.
 - Correctly code protected leave time on timesheets (if leave is intermittent).
 - Make payments to King County for all non-medical insurance (life, AD&D, LTD) once enter an unpaid status (optional).
 - Provide periodic status reports to your supervisor as well as your intent to return to work.
 - Notify their supervisor/human resource professional at least two days before date intend to return to work, including return-to-work date. This is normally discussed many weeks before the actual return-to-work date.
 - Submit a written medical release from the health care provider before returning to work (own serious health condition only).

Employer authorization (supervisor / agency human resource professional)

I am authorized to approve protected family and medical leaves of absence. I will provide copies of this completed form to the employee and employee's supervisor if appropriate.

Signature: _____ Printed name: _____ Date: _____

☐ Employee copy

☐ Department medical copy

☐ Department payroll copy