

# Leave Administration Form | Leave Response Form



King County

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

<b>Family and Medical Leave Act (FMLA)</b>  <b>King County Family and Medical Leave (KCFML)</b>  Paid or unpaid leave	Serious health condition of: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child of Employee or Spouse <input type="checkbox"/> Parny of employee <input type="checkbox"/> Military service member (FMLA) <input type="checkbox"/> Qualifying exigency leave associated with call to active duty (FMLA)
	<input type="checkbox"/> Child bonding: birth of son/daughter, care for newborn, placement for adoption or foster care
	<input type="checkbox"/> Employee workers' compensation injury/illness Claim No. _____
	<input type="checkbox"/> Registered domestic partner (KCFML) King County Affidavit of Domestic Partnership required. <input type="checkbox"/> Parent of spouse or domestic partner (KCFML) <input type="checkbox"/> Child of domestic partner (KCFML)
	<input type="checkbox"/> In loco parentis (Employee or Spouse) <input type="checkbox"/> In loco parentis (domestic partner under KCFML only)
<b>Washington Family Care Act (WFCA)</b>  Paid leave only	Serious/emergency health condition of employee's: <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Grandparent <input type="checkbox"/> Parent or spouse's parent or an individual who stands or stood <i>in loco parentis</i> <input type="checkbox"/> WA state registered domestic partner <input type="checkbox"/> WA state registered domestic partner child <input type="checkbox"/> WA state registered domestic partner parent or an individual who stands or stood <i>in loco parentis</i>
<b>Pregnancy, Childbirth and Pregnancy Related Conditions (PCPRC)</b>	<input type="checkbox"/> Female King County employee temporarily disabled because of a condition related to pregnancy or childbirth
<b>King County Paid Parental Leave (PPL)</b>	<input type="checkbox"/> Birth of employee's child, the employee's adoption of a child or the foster-to-adopt placement of a child with the employee
<b>Washington Paid Family &amp; Medical Leave (PFML)</b>	<input type="checkbox"/> 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: <input type="checkbox"/> Yes (employed at least 180 calendar days prior to leave) <input type="checkbox"/> 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

<input type="checkbox"/> Yes, eligible for FMLA	Not Eligible for FMLA (please select one reason): <input type="checkbox"/> Employee has not worked 12 months or more for King County within the previous seven years. <input type="checkbox"/> 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

<b>FMLA:</b>	Hours used within previous 12 months _____	Weeks available: _____	Hours available: _____
<b>KCFML:</b>	Hours used within previous 12 months _____	Weeks available: _____	Hours available: _____
<b>Accruals:</b>	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