

Leave Administration Form | Protected Leave Request Form



Department of Human Resources Leaves Administration Team

Instructions

Employees must submit this completed request form to their agency Human Resources 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 and must be submitted within 15 calendar days of the request.**

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/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 (e.g., full-time for one week and then intermittent leave for two weeks, etc.)

Order of Paid Leave Accrual Use (indicate by inserting 1, 2, 3, 4, etc.)

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

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

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 if and 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 the paid parental leave funds received.**

Employee signature _____ Date _____

Medical Certification form: Attached Not attached, but will be provided within seven 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 (FMLA, WFLA or KCFML, etc.) it may count against your available leave entitlements. You are required to present a completed a medical certification and other appropriate documentation to substantiate your leave request. Failure to provide certification may result in denial of your protected leave entitlements and loss of benefits.

Workers' compensation

Leave as a result of a work-place injury/workers' compensation may also qualify for protected leave which will run concurrently together as long as you remain eligible/entitlements remain. If you are eligible to receive workers' compensation time-loss benefits while on protected leave (i.e., FMLA, KCFML, etc.), you must elect at the beginning of your leave whether to supplement these benefits with accrued sick leave and other paid accruals (vacation/benefit time/ comp time). Your election must be in writing and must state the order in which you will apply your paid accruals after your sick leave is exhausted. Once made, your designation is final and cannot be changed. King County policy does not allow employees to stop and start paid leave for purposes of ensuring benefit coverage.

Job protection and benefits

- 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.
- Once you enter an unpaid status during your protected leave (no pay of any kind including donations) you will be responsible for all basic and supplemental life, accidental death and dismemberment (AD&D) and/or long-term disability (LTD) insurance premiums. Contact Benefits, Payroll and Retirement Operations at 206-684-1556.
- 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 entitlements.

Returning from leave

Upon returning from your leave, you may be required to provide a written medical release if the leave was taken due to your own serious health condition. Employees have a right to restoration to their own or equivalent position upon their return from FMLA/KCFML. If you do not return to work following your leave, you may be liable for the employer's share of health care insurance premiums [29 CFR 825.301 (B)(1)].

Advance notice and medical certification – Employees

- **Same Day/5 Days:** Employees should generally submit medical certification at the time of the request (or 5 days if leave is unforeseen).
- **7 Days:** Number of days you have to "cure" an incomplete medical certification.
- **30 Days:** Must submit a leave request at least 30 days in advance for foreseeable conditions or as soon as possible if unforeseeable (only FMLA, KCFML, PCPRC).
- **15 Days:** Must submit a medical certification within 15 days of employer request.
- **Annually/6 months:** Chronic conditions require you to visit your doctor at least twice a year. Employer may request updated medical certifications every 6 months.
- In general, you are required to submit one medical certification with each request for leave.

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- You must provide '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.
- You should bring your job description when meeting with your healthcare provider (own condition only).
- For your own condition you must be fully released before returning to work. Anything less than a full release (part-time, transitional/light duty) must be reviewed and approved by your supervisor and agency human resource professional before reporting back to work.
- Leave ends when any of these occur: leave condition ends, medical certification expires, or protected leave expires.
- Long term leave for your own serious condition should involve Disability Services as soon as possible.
- Paid Parental Leave: If you request an intermittent schedule during use of PPL your supervisor must agree and the leave must be consistent with the county's operational needs.

Advance notice and medical certification – Employer

- **5 Days:** Agencies have five days to inform employees of FMLA eligibility. 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.
- **30 Days:** Agencies may not request re-certifications more often than every 30 days (some exclusions).
- King County (agency human resource professional or disability services) may contact the health care provider to clarify or authenticate the medical certification. The employee's direct supervisor may never communicate with the employee's health care provider.
- King County may request a second or third opinion of the employee condition, at county expense.

Use of paid and donated leave

- You must use all your sick leave for your own serious health condition unless the condition is due to an on-the-job injury; after you exhaust your sick leave, you may use vacation and other paid leave if approved. For use of other leave accruals, contact your department contact for information about its use.
- To care for an eligible family member with a serious health condition, you may use paid leave (sick, vacation, etc.) or unpaid leave. If you use sick leave, you may reserve up to 80 hours of this leave before you begin your paid leave, and when you have used all your sick leave except the reserved (up to 80) hours, you will begin using other leave (if approved) or go on unpaid status.
- You must use all your own sick leave before using donated sick leave. You must use all your own vacation leave before using donated vacation leave.
- Paid Parental Leave will be calculated based on the employee's existing paid leave accruals (sick, vacation, and Executive leave) at the time of the qualifying event (the birth, adoption, or foster-to-adopt placement), while permitting the employee to reserve one week of sick leave and one week of vacation leave (or the equivalent of Benefit Time).

For additional information

- Contact agency human resource personnel 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 Family Leave Act (WFLA) law: <http://app.leg.wa.gov/rcw/default.aspx?cite=49.78>
- 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>
- Washington State Department of Labor and Industries: 1-800-547-8367 or <http://www.ini.wa.gov>
- Contact Benefits, Payroll and Retirement Operations: 206-684-1556 or kc.benefits@kingcounty.gov