

Date received by department contact

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Protected Family and Medical Leave Request Form

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| Instructions |

* The employee must submit this form 30 calendar days before leave begins (if the leave is foreseeable) or as soon as possible (if the leave is unforeseeable), and return this form to your department human resources contact or designee.
* A medical certification form is required for each requested leave of absence and must be submitted within 15 calendar days of request.

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| To be completed by the employee |

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Employee Name |  | | | Phone |  | | Email | |  | | | |
| Home Address |  | | | City |  | | | | State |  | Zip |  |
| Employee ID# |  | Supervisor Name |  | | | Work location | | | |  | | |
| If your spouse/domestic partner works for King County, provide his/her name and department | | | | | | | |  | | | | |

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| Requested Leave is for |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Self | Other | Please provide name and relationship: |  | Date event occurred: |  |

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| --- |
| Reason for leave – please do not provide detailed medical information |

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| Leave schedule |

Leave start date (first workday unable to work regular schedule)  Anticipated return-to-work date

Briefly describe how leave will be taken (e.g., full-time for four weeks, full-time for one week and then intermittent for two weeks, etc.):

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| Paid leave accruals – (indicate order of choice by inserting a 1, 2, 3, 4, etc) |

**Leave for my own serious health condition:** After my sick leave is exhausted, I opt to use my paid leave in the following order:

|  |  |  |  |
| --- | --- | --- | --- |
| Vacation leave | Unpaid leave | Other (describe ) | Other (describe ) |

**Leave to care for family member:** I opt to use my paid leave in the following order:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Sick leave | Vacation leave | Unpaid leave | Other () | Other ( ) |

I opt to reserve  hours of my sick leave for later use (only under KCFML family member or paid parental leave)

I opt to take this leave without pay by immediately going into an unpaid status.

**Leave to bond with a new born, adoption or foster-to-adopt placement of child:** I opt to use my paid leave in the following order:

|  |  |  |  |
| --- | --- | --- | --- |
| Sick leave | Vacation leave | Supplemental Paid Parental leave  (newborn, adoption or foster-to-adopt) | Other (describe ) |

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| 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 |

**Protected Leave Information – Keep for your records**

Notice of rights and obligations

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.

**FMLA/KCFML designation**

Once leave is designated as FMLA/WFLA or KCFML, it may count against your FMLA/WFLA or KCFML leave entitlements. You are required to present a completed medical certification to substantiate your leave request. Failure to provide certification may result in denial of your FMLA/WFLA and KCFML entitlements and loss of protection benefits.

**Workers’ compensation**

Leave due to conditions covered by workers' compensation may also qualify for protected leave. 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 to learn more about this opportunity to continue coverage.
* 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 or KCFML 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**

* For FMLA, KCFML, or PPL you must submit your leave request 30 calendar days before your leave begins (if the leave is foreseeable) or as soon as possible (if the leave is unforeseeable).
* To support a leave request, you must provide medical certification within 15 days of your first absence; King County may require second and third opinions at county expense if it deems them necessary.
* Chronic conditions require at least two visits per year to your health care provider to continue access to FMLA/WFLA entitlements. Recertification may be requested every six months.
* You must give the physician/health care provider a copy of your job description when requesting medical certification; your department contact can provide you with a copy of your job description.
* Steps for correcting an incomplete medical certification:
* Incomplete or insufficient medical certifications (i.e., vague, ambiguous, non-responsive) must be returned to the employee with written instructions explaining the necessary information required for a complete certification. The employee has seven days to correct the incomplete or insufficient areas.
* King County may thereafter 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 policy provides that only disability service representatives or department human resources contact may communicate with an employee’s health care provider.
* If your leave is due to your own serious health condition, you must submit a new medical certification before the prior certification expires or when requested by your department contact if you extend your leave.
* 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.
* A release to full, partial or transitional duty is required before you return to work after your own serious health condition. If a release is not received, your return to work may be delayed.
* Anything other than a release to full duty must be reviewed and approved by your supervisor and/or department human resources contact or designee before you report back to work.
* If you need disability accommodation services to return to work or perform your job, please notify your department human resources contact.
* The employee and the employee’s supervisor shall agree upon a schedule for taking King County Paid Parental leave that is consistent with the county’s operational needs. An employee may use King County Paid Parental Leave on a part-time basis as long as the leave schedule is approved in writing by the employee’s supervisor before the leave commences.
* If leave is to bond with child after birth, adoption or foster-to-adopt placement, supporting documentation of event must be attached to the Protected Family and Medical Leave Request Form.

**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.
* Donated leave runs concurrently with FMLA and KCFML and is not treated as paid leave because it is not *earned* leave. Therefore, you may be receiving pay, but you are not considered to be in a paid status when you are paid through donations.
* 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](mailto:kc.benefits@kingcounty.gov)