

Leave Administration Form | Leave Response Form



Department of Human Resources Leaves Administration Team

Leave is: Approved Denied: Reason for denial: _____

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) 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"/> Parent of employee <input type="checkbox"/> Military service member (FMLA only) <input type="checkbox"/> Qualifying exigency leave associated with call to active duty (FMLA only) <input type="checkbox"/> Washington state registered domestic partner (WFLA and KCFML only) <input type="checkbox"/> Washington state registered domestic partner child (KCFML only)
	<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"/> King County registered domestic partner (KCFML only) <input type="checkbox"/> Parent of spouse or domestic partner (KCFML only) <input type="checkbox"/> Child of Domestic Partner (KCFML only)
	<input type="checkbox"/> In loco parentis (Employee or Spouse) <input type="checkbox"/> In loco parentis (domestic partner under KCFML only)
Washington Family Care Act (WFCA) 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>
Pregnancy, Childbirth and Pregnancy Related Conditions (PCPRC)	<input type="checkbox"/> Female King County employee temporarily disabled because of a condition related to pregnancy or childbirth
King County Paid Parental Leave (PPL)	<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
Washington Paid Family & Medical Leave (PFML)	<input type="checkbox"/> Applying for PFML through Washington Employment Security Department (ESD). King County does not approve/deny PFML; PFML payments are issued by ESD. Job Restoration Rights: <input type="checkbox"/> Yes (worked 1,250 hours in prior 12 months for KC) <input type="checkbox"/> No

FMLA Eligibility

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: _____

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 in the original certification.

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 hours, days or weeks will be counted against your:

FMLA leave entitlements: Hours _____ Days _____ Weeks _____

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.
- 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, STD). 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/>
- 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 actual return-to-work date.
 - Submit a written 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