



ABSENCE REQUEST

Personnel ID #

Division/Region

Bargaining Unit

Employee: 1) DO NOT complete shaded areas designated for approval; 2) If more than one absence type requested, specify below; 3) If absence overlaps pay periods - submit separate leave slip for each period (1-15, 16-end of month)

Employee's Last Name:

First Name:

Absence Beginning

Absence Ending

Total Hours Requested

Hour

 AM
 PM

Month Day Year

Hour

 AM
 PM

Month Day Year

Total Hours

Type of Absence

Minutes

Tenths

Minutes

Tenths

Vacation¹

- 9003-Vacation Leave
 9004-Vacation Leave FMLA³
 9008-Vac Lv on Time Loss (L&I)

Sick¹

Requires explanation in box below.
 "Reason for Absence"

- 9248-Sick Leave
 9049-Sick Leave FMLA³
 9062-Sick Lv on Time Loss (L&I)

Leave Without Pay (LWOP)

Requires explanation in box below.
 "Reason for Absence"

- 9033-LWOP
 9038-LWOP FMLA³
 9025-LWOP on Time Loss (L&I)
 9390- LWOP-Paid Family Medical Leave

Shared Leave¹

- 9000-Shared Leave
 9001-Shared Leave FMLA³
 9043 - Military
 9100 - Bereavement²
 9112 - Rest & Recuperation
 9023 - Jury Duty
 9047 - Personal Holiday
 9079 - Personal Leave (WFSE & WPEA Only)
 9069 - Compensatory Time
 FMLA, PFML Supplemental (See back pg)

1-6	=	.1	31-36	=	.6
7-12	=	.2	37-42	=	.7
13-18	=	.3	43-48	=	.8
19-24	=	.4	49-54	=	.9
25-30	=	.5	55-60	=	1.0 hour

Reason For Absence (Explain general purpose/who the leave is for. See examples below):

Other Absence Type(Explain, if not listed above):

Examples: Personal illness; child to doctor, educational LWOP, time loss claim number, etc.

Date of Request:

Employee's Signature:

Request Not Approved
 (Explain in "Comments," below)

Request Approved

Unauthorized Absence

Comments:

Date:

Supervisor or Approving Authority's Signature:

1 - Compensation for leave cannot exceed the total amount of leave accumulated. Should leave be approved in excess of the total accumulated, it will not be compensated.

2 - Note in Comment Box, whether Bereavement is for the death of a parent, step-parent, sister, brother, parent-in-law, spouse, grandparent, grandchild, child, step-child or household member.

3 - FMLA Codes can only be used if HR Division designated your absence as FMLA eligible.

Supplemental PFML and FMLA

- | | |
|---|---|
| <input type="checkbox"/> 9374-Vac Lv Sup Ben PFML | <input type="checkbox"/> 9380-Pers Lv Sup Ben PFML |
| <input type="checkbox"/> 9375-Vac Lv Sup Ben PFML FMLA | <input type="checkbox"/> 9381-Pers Lv Sup Ben PFML FMLA |
| <input type="checkbox"/> 9376-Sick Lv Sup Ben PFML | <input type="checkbox"/> 9382-Holiday Sup Ben PFML |
| <input type="checkbox"/> 9377-Sick Lv Sup Ben PFML FMLA | <input type="checkbox"/> 9385-Comp Sup Ben PFML |
| <input type="checkbox"/> 9378-Per Hol Sup Ben PFML | <input type="checkbox"/> 9386-Comp Sup Ben PFML FMLA |
| <input type="checkbox"/> 9379-Per Hol Sup Ben PFML FMLA | |



Employer requirement to provide notice to employees

Employers with employees working in Washington State must provide the following notice to employees who may be eligible for Paid Family and Medical Leave the later of:

- Five business days after an employee's seventh consecutive day of absence due to family or medical leave, or
- Five business days after an employer becomes aware that the employee's absence is due to family or medical leave.

Paid Family and Medical Leave

Statement of Employee Rights

You may qualify for Paid Family and Medical Leave

As of Jan. 1, 2020, Washington employees who have worked 820 hours or more in the qualifying period and experience (d) a qualifying event have access to Paid Family and Medical Leave.

Employees who have missed work due to family or medical reasons may be eligible for paid family or medical leave for the following qualifications:

- Care for and bond with a child younger than 18 following birth or placement
- Care for yourself or a family member experiencing a serious health condition
- Certain military-connected events.

Paid Family and Medical Leave requires that you give your employer(s) written notice at least 30 days in advance of when you plan to take leave. However, if the reason you need leave was not foreseeable, you may notify your employer(s) as soon as possible.

The Paid Family and Medical Leave Benefit Guide provides information on how to apply for benefits and submit weekly claims. It also explains your rights and responsibilities under the law. Download the guide at www.paidleave.wa.gov/benefit-guide.

For more information about how to apply, contact ESD at 833-717-2273 or visit www.paidleave.wa.gov.

Important information for when you apply

Employer UBI #: 342008101

This employer offers supplemental benefits: Yes

Note: Except during the waiting week, employees cannot use employer provided paid time off at the same time as Paid Family and Medical Leave, unless the employer chooses to offer a "supplemental benefit." Supplemental benefits can be used along with Paid Family and Medical Leave to provide additional pay while an employee receives partial wage replacement through Paid Leave benefits. Employees may accept or reject supplemental benefit payments.

EMPLOYER NOTICE TO EMPLOYEE UPDATED MAY 2020

The Public Records Act, RCW 42.56.250, et. seq. requires disclosure of public records unless they are exempt. If requested, non-exempt public records in the possession of the Department will be released. Exempt records will be withheld from public disclosure or exempt portions of records will be redacted from records prior to release.

May 2020