



Date received by department contact

King County

Protected Family and Medical Leave Request Form

**Family and Medical Leave Act (FMLA) ♦ King County Family and Medical Leave (KCFML)
Washington Family Leave Act (WFLA) ♦ Washington Family Care Act (WFCA)
Pregnancy, Childbirth and Pregnancy Related Conditions (PCPRC)**

Read all instructions on pages 3 and 4 before completing this form.

- You (the employee) must complete all information and submit this form 30 calendar days before your 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.
- If this leave request is for your own serious health condition or to provide required assistance to an eligible family member with a serious or emergency health condition, you must attach the Protected Family and Medical Leave Medical Certification form or submit it within 15 business days of a request from your department contact. One Protected Family and Medical Leave Medical Certification form is required for each serious or emergency health condition that causes your absence from work.
- If you are the department human resources contact or designee completing this form on behalf of the employee, complete as much information as possible, then send this form to the employee to complete, sign and return to you.

To Be Completed by the Employee – Please print.

Name _____ Home phone (____) ____ - ____
 Home address _____ City _____ ZIP _____ Contact phone (____) ____ - ____
 Employee ID _____ Work location _____ Personal e-mail _____
 Regular work schedule _____ Currently scheduled hours per week _____ Union _____
 Job title _____ Supervisor name _____
 If your spouse/domestic partner works for King County, provide his/her name and dept. _____

Leave Is To Care For:

- Self Spouse Domestic partner Parent of employee
 Parent of spouse Parent of domestic partner Child of domestic partner Child (see definition section)
 Parent in-loco-parentis (see definition section) Next of kin (see definition section) Grandparent of employee

If leave is for someone other than self, print name: _____

Type and Purpose of Leave

- Own serious health condition
 Female employee's pregnancy- or childbirth-related disability
 Workers' compensation injury/illness – Claim No. _____
 For birth/care of newborn/newly adopted child or placement of foster child (to add child for coverage, you must also submit online Add/Change Dependent Coverage form to Benefits and Retirement Operations)
 To care for the serious health condition of a military service member injured in the line of active duty
 To care for the qualifying exigency of a pending active military status of the employee's spouse, son, daughter or parent
 To care for an eligible family member's serious health condition (check all boxes that apply to the nature of assistance to be provided):
 Medical needs Personal needs Transportation Safety Psychological comfort

Leave Schedule

Leave start date (first workday unable to work regular schedule) _____ Anticipated leave end date _____

Type of leave (check all that apply): Full-time/continuous Intermittent Reduced work schedule

Describe in detail how leave will be taken (e.g., full-time/continuous for one week, full-time/continuous followed by intermittent leave, etc.)

Application of Paid Leave for Your Own Serious Health Condition or To Care for an Eligible Family Member

- For your own serious health condition, you must use all sick leave before taking unpaid leave. If leave is for a King County workers' compensation claim, see next section.
- With approval, you may use vacation, compensatory time or executive leave in any order to care for yourself or your family member.
- Before going into an unpaid status (which includes donated leave), accrued compensatory time must be exhausted.

My Own Serious Medical Condition (initial one of the two applicable options you wish to exercise):

Initials

____ After my sick leave is exhausted, I elect to use my paid leave in the following order (indicate with 1, 2, 3 and 4):

____ Vacation leave ____ Compensatory time ____ Executive leave ____ Other (describe) _____

____ After my sick leave is exhausted, I elect to go on unpaid leave.

To Care for an Eligible Family Member (initial options you wish to exercise):

Initials

____ After my sick leave is exhausted, I elect to use my paid leave in the following order (indicate with 1, 2, 3 and 4):

____ Vacation leave ____ Compensatory time ____ Executive leave ____ Other (describe) _____

____ I elect to reserve ____ hours of my sick leave for later use (the maximum is 80 hours).

____ I elect to go on unpaid leave after my sick leave is exhausted.

____ I elect to take this leave without pay (I will not use any paid leave).

Application of Paid Leave Balances to King County Workers' Compensation Injury/Illness

For a leave resulting from a workers' compensation injury/illness, you must:

- Notify your supervisor (special supplemental pay and/or leave provisions may apply) and obtain a workers' compensation packet
- See your doctor the first day you are unable to work
- Complete a Self-Insurer Accident Report located in the workers' compensation packet (SIF-2 form)
- Contact the Workers' Compensation Section to report your injury or illness (206-296-0510)
- Understand that in most instances FMLA and/or KCFML will be applied when a workplace injury/illness occurs.

My Workers' Compensation Injury/Illness (initial the appropriate option):

Initials

____ I elect to supplement my workers' compensation time-loss benefits with my own sick leave, followed by my paid leave in the following order (indicate with 1, 2, 3 and 4):

____ Vacation leave ____ Compensatory time ____ Executive leave ____ Other (describe) _____

____ I will not supplement my workers' compensation time-loss payment with any paid leave. I understand that even though I may be receiving time-loss benefits from workers' compensation, I will be considered to be in an unpaid status. I understand this may affect my benefit coverage, leave accruals, retirement credit and service date.

Employee Acknowledgement of Request – Read carefully.

*The information I have provided is true, correct and complete. I understand the willful falsification of any information I have provided may lead to disciplinary action up to and including discharge from employment. I understand these leave days may be deducted from my protected leave entitlements. I have attached or will submit within 15 calendar days a separate medical certification from a health care provider if my leave request is for a serious health condition or for providing required assistance to an eligible family member with a serious health condition. I will notify my supervisor and 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 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 have read and understand my rights and responsibilities as described on pages 3 and 4 of this form.***

Employee signature _____ Date signed _____

Medical Certification form: Attached Not attached, but will be provided Documentation attached for baby/child bonding

Job Protection

- Under all federal, state and county job-protected family and medical leave laws, you will be restored to your original or equivalent position with equivalent pay, benefits, seniority and other employment terms upon return from protected leave; you don't 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.

Eligibility

If you have been employed with King County for at least 12 months (need not be 12 consecutive months) and have worked the minimum number of required hours if applicable (paid leaves such as holiday, vacation and sick leave are not considered hours worked), you are eligible to take job-protected leave for certain family and medical reasons.

- To qualify for Family and Medical Leave Act (FMLA)/Washington Family Leave Act (WFLA) leave, you must have worked 1,250 hours during the 12 months immediately preceding your leave start date. Under FMLA/WFLA, you are eligible for up to a maximum of 12 weeks of leave, minus any amount of FMLA/WFLA you have taken in the 12 months immediately preceding your leave start date. This leave is paid if you use accrued leave or donated leave; it is unpaid once you have exhausted all of your accrued and/or donated leave or if your options for use of accrued leave result in less than 12 weeks of coverage.
- To qualify for King County Family Medical Leave (KCFML), you must have worked 1,040 hours (or 510 hours if you are a part-time Local 587 employee) during the 12 months immediately preceding your leave start date. Under KCFML, you are eligible for up to a maximum of 18 weeks of leave, minus any amount of KCFML you have taken in the 12 months immediately preceding your leave start date. KCFML runs concurrently with donated leave and may run concurrently with certain unpaid FMLA leaves of absence.
- To qualify for Washington Family Care Act (WFCA) leave, you must be a current employee with access to paid leave accruals.
- To qualify for Pregnancy, Childbirth and Pregnancy Related Conditions (PCPRC) leave, you must be a female employee with a pregnancy- or childbirth-related disability that is certified by your qualified health care provider.

Reasons for Taking Protected Family and Medical Leave

Many of these leaves require that you, or your immediate family member, have a serious health condition. A serious health condition is an illness, injury, impairment, or physical or mental condition that involves inpatient care in a hospital, hospice or residential medical care facility, or continuing treatment by a health care provider. See the Medical Certification form for a full definition of a serious health condition.

- Under FMLA/WFLA, you may take leave (1) for a serious health condition that makes you unable to perform your job, (2) to care for your child after birth, (3) following placement of a child with you for adoption or foster care, (4) to care for your spouse with a serious health condition, (5) to care for your parent (or a person who stood or stands in loco parentis to you) with a serious health condition, (6) to care for your child or your spouse's child with a serious health condition, (7) to care for your spouse, son, daughter, parent or next of kin with a serious health condition sustained in the line of active military duty, or (8) any qualifying exigency due to the impending call to active duty status of a spouse, son, daughter or parent of an employee.
- Under KCFML, you may take leave for the same reasons as under FMLA and also to care for a domestic partner (DP) with a serious health condition or your spouse/DP's child or parent with a serious health condition.
- Under WFCA, you may take leave for a biological, adopted or foster child; a stepchild; a legal ward; or a child for whom you stand in loco parentis, who is under 18 years of age or older than 18 and incapable of self care because of a mental or physical disability. WFCA also can be used for a parent, spouse, grandparent or parent-in-law who has a serious health condition or an emergency medical condition that requires treatment or supervision. WFCA allows employees to use paid leave in whatever order they desire.
- To qualify for PCPRC leave, a female employee must provide a medical certification from a qualified health care provider indicating that she is temporarily disabled due to a pregnancy- or childbirth-related condition.

Advance Notice and Medical Certification

- For FMLA or KCFML, 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.
- 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.
- 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 or foster child.
- A release to full 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 human resources service delivery manager before you report back to work.
- If you need disability accommodation services to return to work or perform your job, you must notify your department contact and contact the King County Disability Services Office at 206-296-4997 (206-263-6026 or 206-236-3537 for Transit Division employees).

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 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.

When Leave Begins

- FMLA/WFLA leave begins the first day you are off the job due to one of the six qualifying conditions (see previous page).
- KCFML begins the first day you go on unpaid status (you exhaust your own paid leave) or begin using donated leave for an on-the-job injury/illness. For any qualifying leave reason, you may opt to go into an unpaid leave status and begin KCFML immediately.
- PCPRC leave begins the first day you're off the job due to your own temporarily disabling condition due to a pregnancy or childbirth-related condition.
- WFLA leave begins the first day you're off the job due to the serious health condition of your eligible family member and begin to use your paid accruals.

Continuation of Health and Insurance Benefits

- While on approved protected family leave and during use of donated leave, you receive the same county-paid health (medical/dental/vision) and insurance (basic life/AD&D/LTD) benefits you had when on active paid status immediately before your leave began.
- If you exhaust your protected family leave benefits and remain on leave, you may pay to continue your health benefits under COBRA.
- If you go on unpaid leave status, you must pay to continue all of your basic and supplemental life, AD&D and LTD insurance premiums; contact Benefits and Retirement Operations at 206-684-1556 for more information.
- 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/WFLA or KCFML entitlements.

Definitions

- Child: Under WFLA/WFLA and FMLA, a child is defined as the biological, adopted or foster child; stepchild; legal ward; or child of a person standing in loco parentis, who is either under age 18 or age 18 or older and "incapable of self-care because of a mental or physical disability." Under KCFML, a child also includes the child of a domestic partner or the child of the employee's spouse.
- Parent in loco parentis: Under WFLA/WFLA and FMLA, persons who are "in loco parentis" include those with day-to-day responsibilities to care for and financially support a child or, in the case of an employee, who had such responsibility for the employee when the employee was a child. A biological or legal relationship is not necessary. Under KCFML, the parent in-loco-parentis of the employee's spouse or domestic partner is covered.
- Next of kin: Loosely defined as the "nearest blood relative." This type of leave is only available for an employee to care for the spouse, son, daughter, parent or next of kin of a covered military service member who is recovering from an injury sustained in the line of active military duty.

For Additional Information

- Contact your department human resources office.
- Contact Benefits and Retirement Operations at 206-684-1556 or kc.benefits@metrokc.gov.
- Federal Family and Medical Leave Act (FMLA) information can be found at <http://www.dol.gov/esa/whd/fmla>.
- King County Family and Medical Leave (KCFML) information can be found at <http://www.metrokc.gov/MKCC/Code/06-Title%203.pdf>.
- Washington Family Leave Act (WFLA) information can be found at <http://apps.leg.wa.gov/RCW/default.aspx?cite=49.78> and <http://www.leg.wa.gov/pub/billinfo/2005-06/Pdf/Bills/Senate%20Passed%20Legislature/6185-S.PL.pdf>.
- Washington Family Care Act (WFLA) information can be found at <http://apps.leg.wa.gov/WAC/default.aspx?cite=296-130>.
- Pregnancy, Childbirth and Pregnancy Related Condition information can be found at <http://apps.leg.wa.gov/WAC/default.aspx?cite=162-30-020>.
- Contact the Washington State Department of Labor and Industries at 1-800-547-8367 or <http://www.lni.wa.gov>.

FMLA/ KCFML Designation

Once leave is designated as FMLA, KCFMLA, it may count against your FMLA/KCFML leave entitlement.

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/KCFML.

Worker's Compensation

Leave due to conditions covered by workers' compensation may also qualify as FMLA leave. If you are eligible to receive workers' compensation time loss benefits while on FMLA, you must elect at the beginning of your FMLA 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.

Your KCFML begins when you enter an unpaid status. If you are receiving time loss payments under workers' compensation and choose not to supplement your time loss with sick leave and other paid accruals, you will be considered in an unpaid status and your KCFML will begin.

Job Protection and Benefits

Your job and benefits are both protected while on authorized FMLA/KCFML leave. When a leave converts to KCFML (concurrent with unpaid leave or use of donated hours), your benefit coverage continues. However, if you have enhanced coverage for AD&D, LTD, and/or life insurance, you must pay the premium for continuance of those enhanced benefits while you are on leave. Otherwise, only the basic coverage of those insurances is provided.

Return from Leave

Upon return from FMLA/KCFML, 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 FMLA/KCFML you are potentially liable for the employer's share of health care insurance premiums. 29 CFR 825.301 (B)(1).

PLEASE RETAIN FOR YOUR RECORDS