



# Protected Family and Medical Leave Response Form

Read all instructions before completing this form.

King County must provide notice of eligibility **within five business days**, absent extenuating circumstances, to respond to an employee's leave request. One copy is provided to the employee and one is provided to the department human resources contact or designee. If leave has already begun, mail a copy to the employee's home address. If leave is denied, complete the entire first page and return to employee.

### Employee requesting leave – check all that apply

Employee name: \_\_\_\_\_ Employee ID: \_\_\_\_\_

If leave is for a family member, enter name and relationship of family member: \_\_\_\_\_

<p><b>Family and Medical Leave Act (FMLA)</b></p> <p><b>Washington Family Leave Act (WFLA)</b></p> <p><b>King County Family and Medical Leave (KCFML)</b></p> <p>Paid or unpaid leave</p>	<p>Serious health condition of: <input type="checkbox"/> Self <input type="checkbox"/> Spouse <input type="checkbox"/> In loco parentis</p> <p><input type="checkbox"/> Child of Employee or Spouse</p> <p><input type="checkbox"/> Parent of employee</p> <p><input type="checkbox"/> Military service member (FMLA/WFLA only)</p> <p><input type="checkbox"/> Qualifying exigency leave associated with call to active duty (FMLA only)</p> <p><input type="checkbox"/> Washington state registered domestic partner (WFLA and KCFML only)</p> <p><input type="checkbox"/> Washington state registered domestic partner child (WFLA and KCFML only)</p> <hr/> <p><input type="checkbox"/> Child bonding: birth of son/daughter, care for newborn, placement for adoption or foster care</p> <hr/> <p><input type="checkbox"/> Employee workers' compensation injury/illness Claim No. _____</p> <hr/> <p><input type="checkbox"/> King County registered domestic partner (KCFML only)</p> <p><input type="checkbox"/> Parent of spouse or domestic partner (KCFML only)</p> <p><input type="checkbox"/> Child of Domestic Partner (KCFML only)</p>
<p><b>Washington Family Care Act (WFCA)</b></p> <p>Paid leave only</p>	<p>Serious/emergency health condition of employee's: <input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Grandparent</p> <p><input type="checkbox"/> Parent or spouse's parent or an individual who stands or stood <i>in loco parentis</i></p> <p><input type="checkbox"/> WA state registered domestic partner</p> <p><input type="checkbox"/> WA state registered domestic partner child</p> <p><input type="checkbox"/> WA state registered domestic partner parent or an individual who stands or stood <i>in loco parentis</i></p>
<p><b>Pregnancy, Childbirth and Pregnancy Related Conditions (PCPRC)</b></p> <p>Paid or unpaid leave</p>	<p><input type="checkbox"/> Female King County employee temporarily disabled because of a condition related to pregnancy or childbirth</p>
<p><b>King County Paid Parental Leave (PPL)</b></p>	<p><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</p>

- Approved  Denied because: (only fill in the information below when denying FMLA)
- Employee has not worked 12 months or more for King County within the previous seven years, and/or
  - Numbers of hours actually worked for King County within last 12 months were insufficient: \_\_\_\_\_ hours
  - Non-qualifying medical condition

Reason for denial: \_\_\_\_\_

### Medical certification and documentation

Medical certification submitted on (date): \_\_\_\_\_  is sufficient  is insufficient.

The employee must resubmit a Protected Family and Medical Leave Medical Certification form on the following dates:

Medical certification not yet received; employee must provide medical certification by (date)\* \_\_\_\_\_

Documentation of newborn or adopted/foster child submitted  is sufficient  is insufficient.

\*If medical certification or documentation is not submitted or insufficient, start of leave may be delayed or denied. Employee may be subject to recertification every 30 days in connection with an absence unless a minimum duration of the period of incapacity is specified in the original certification.

Employee name: \_\_\_\_\_

**Estimated frequency of flare-ups and duration of incapacity – based upon medical certification**

Frequency: \_\_\_\_\_ Duration: \_\_\_\_\_

**Accruals and entitlements**

Check one of the following:

- Provided there is no deviation from your anticipated leave schedule, the following number of hours, days or weeks will be counted against your FMLA leave entitlements: Hours \_\_\_\_\_ Days \_\_\_\_\_ Weeks \_\_\_\_\_
- Because the leave you need will be unscheduled, it is not possible to provide the hours, days or weeks that will be counted against your FMLA entitlement at this time.

As of (date) \_\_\_\_\_, you have the following hours of accrued and other paid leave: \_\_\_\_\_ Supplemental Paid Parental Leave  
\_\_\_\_\_ Vacation leave \_\_\_\_\_ Sick leave \_\_\_\_\_ Compensatory time \_\_\_\_\_ Other (describe \_\_\_\_\_)

In the 12 months before the leave start date indicated on the request form, you have used:

\_\_\_\_\_ FMLA hours within previous rolling calendar year       \_\_\_\_\_ weeks remaining       \_\_\_\_\_ hours remaining  
 \_\_\_\_\_ KCFML hours within previous rolling calendar year       \_\_\_\_\_ weeks remaining       \_\_\_\_\_ hours remaining

**Key dates**

Employee's last day at work: \_\_\_\_\_ Anticipated return-to-work date: \_\_\_\_\_  
 Date leave began: \_\_\_\_\_ Actual return-to-work date: \_\_\_\_\_  
 Actual protected leave end date: \_\_\_\_\_

**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 approved protected family leave and during use of donated leave, the employee receives the same county-paid health (medical/dental/vision) and insurance (basic life/basic accidental death and dismemberment/basic long-term disability) benefits that the employee had when on active paid status immediately before the leave began.
- If the employee exhausts protected family leave benefits and remains on leave, the employee may choose to pay to continue health benefits under COBRA.
- If the employee enters an unpaid leave status, the employee may choose to pay to continue all of his/her basic and supplemental life, accidental death and dismemberment (AD&D) and long-term disability (LTD) insurance premiums; contact Benefits, Payroll and Retirement Operations at 206-684-1556 for more information.
- Employee checklist:  
 During leave:
  - Notify supervisor/department human resources contact or designee 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).
  - Submit complete and sufficient medical certification forms as requested by King County.
- Returning from leave:
  - Notify supervisor/department human resources contact or designee 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).

**Employer authorization (supervisor / department human resources contact or designee)**

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