

# CITY OF DUVALL LEAVE GUIDE





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# EMPLOYEE LEAVE GUIDE

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## Introduction

This guide summarizes the different types of leave available to City of Duvall employees and their eligible family members. For a more detailed review and to see how these leave benefits may apply to you, please visit the resource section at the end of this document or speak with the City Administrator or the Finance Department.

The provisions of this guide do not confer new privileges, rights of employment, rights of appeal, rights of position, transfer, demotion, promotion, reinstatement, or any other right for any individual. This guide does not constitute an express or implied contract. It provides general guidance that cannot form the basis of a private right of action. Should the information in this guide conflict with the law, collective bargaining provisions, or binding past practices for represented employees, the latter will prevail. The information set forth in this guide is subject to change and may be modified, suspended, or revoked without notice in whole or in part.

## Administrative Leave

If you are in an FLSA-exempt position, regularly work hours above 40 hours in a work week, and are not in a union, you may be granted up to 96 hours of paid administrative leave each calendar year at the discretion of your Department Director/City Administrator/Mayor, and will be prorated for part-time schedules. You must use administrative leave in the calendar year that it is granted, or you forfeit it - it cannot be carried over, cashed out, donated, or used when you are switching to a non-FLSA exempt position (hourly position). **(Reference: *Personnel Policy 22-01 Administrative Leave Policy*)**

## Bereavement Leave

Employees eligible for comprehensive leave benefits may use up to three (3) days of bereavement leave per qualifying death of an immediate family member, with a maximum of 24 hours (prorated for part-time employees). Additional leave of three (3) days may be granted for bereavement leave by using sick leave accruals. Bereavement leave should be used in full day increments by FLSA-exempt employees or by the hour for hourly employees. Bereavement leave is intended to be used in whole or partial day instances for up to 6 total days and is not intended to be used as a bank of hours to be used 24 different times.

An immediate family member is defined as:

- Employee's spouse or domestic partner
- The parent, grandparent, child, son or daughter-in-law, grandchild, or sibling of the employee, employee's spouse, or the employee's domestic partner

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- The employee's legal guardian, ward, or any person over whom the employee has legal custody.

### Compensatory Time

An hourly employee may request, in advance of working overtime, to be granted compensatory time off in place of receiving overtime pay. Approval of such a request is at the discretion of the department director or designee of the hourly employee. The approval must be based on the business needs of the city or the department. Specific rules regarding accrual rates and carry-over for compensatory time are found in applicable collective bargaining agreements. General rules concerning compensatory time are as follows:

- Compensatory time cannot be used before it is accrued
- Compensatory time is paid out if terminated, transferred, promoted, or demoted
- FLSA-exempt positions are ineligible for compensatory time

### Domestic Violence Leave

Employees who are victims or who are family members of victims of domestic violence, sexual assault, or stalking may take a reasonable period of leave for various reasons.

***(Reference: Revised Code of Washington 49.76)***

### Emergency Closure Leave

The Mayor, City Administrator, or designee may close a work site due to adverse weather conditions or safety concerns and order employees not identified as first responders or emergency essential personnel to leave the premises. First responders or essential emergency employees are those employees considered critical in maintaining or reestablishing services during an emergency.

If your department remains open but weather or other safety concerns prevent you from reporting to work, notify your supervisor as soon as possible. You may request, and your supervisor may approve, use of vacation leave, compensatory time, administrative leave, or leave of absence without pay (under applicable CBA provisions) to cover your absence. Sick leave may be used to cover an absence because of weather concerns if your child's school is closed. ***(Reference: Personnel Policy 25-02 Hazardous & Inclement Weather)***

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## Workplace Safety/Investigation Leave with Pay

You may be required to take administrative leave with pay if your department director, the City Administrator, or the Mayor determines that circumstances exist that would indicate that your absence from the workplace is in the best interests of the city (e.g., a workplace investigation or a safety concern). The leave is neither disciplinary nor subject to appeal. This leave is normally for 30 days or less, but can be extended beyond that as needed.

## Jury Duty Leave

An employee called to jury duty will receive their compensation but must deposit any jury duty fees received, exclusive of mileage, with the Finance Department.

- Employees should try to notify supervisors of the need for leave at least two weeks in advance
- Employees must notify their supervisor once released for the day and at the end of the trial (supervisor will provide a reasonable time to report back to work)
- Supervisors may reassign an employee to a shift and schedule that corresponds with jury duty

## Holiday Leave

The following holiday information applies to most city employees; however, it may differ for you, depending on your collective bargaining agreement.

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## Observed Holidays

Holiday	Day	Holiday	Day
New Year's Day	January 1	Labor Day	First Monday in September
Martin Luther King, Jr. Birthday	Third Monday in January	Veterans Day	November 11
Presidents Day	Third Monday in February	Thanksgiving Day	Fourth Thursday in November
Memorial Day	Last Monday in May	Day after Thanksgiving	Fourth Friday in November
Juneteenth	June 19	Christmas Day	December 25
Independence Day	July 4	Floating/Personal Leave Days	16 hours

## Personal “Floating” Holidays

Employees receive two personal holidays a year, credited to their personal leave balances in the first payroll of the calendar year. Probationary employees are eligible to use their two personal holidays before the completion of probation.

## General Rules regarding Holiday Leave

Full-time employees will receive eight (8) hours of pay, at their regular rate of pay, for each of the holidays listed above. If an employee works a flexible schedule and the holiday falls on a day when the employee usually would have been scheduled to work more than eight (8) hours, they may use any accrued vacation or compensatory time to supplement their holiday hours so that the holiday hours and accrued leave total their regularly scheduled hours for that day. If an employee is usually scheduled to work less than eight (8) hours on the holiday, the employee can “bank” the difference in hours to use on another day.

In addition, the following rules apply to the use of holiday time:

- Unused banked holiday hours may be carried over from year to year. Upon termination of employment, employees will be paid for all unused banked holiday hours accrued during their employment.

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- Floating holidays must be taken during the calendar year and may not be carried over to the following year. Unused floating holiday balances are not payable to the employee.
- If a holiday falls on a Saturday, it shall be observed on the preceding Friday. If a holiday falls on a Sunday, it shall be observed on the following Monday.
- If any of the above holidays are specific state legal holidays and are also federal legal holidays but observed on different dates, only the state legal holidays shall be recognized as paid legal holidays.
- Holidays which occur during vacation, sick, compensatory, administrative, or shared leave shall not be charged against such leave accruals.
- All employees, except Directors and the City Administrator, who are required to work on a holiday that falls on a regularly scheduled workday shall be paid an additional hour's pay for each hour worked on that holiday. For example, if such an employee works four hours on a holiday, they would receive eight hours of holiday pay, in addition to their regular pay hours.
- When a holiday falls on a full-time employee's regularly scheduled day off work, and the employee is not required to work on the holiday, the employee shall receive eight hours of "banked" holiday to be used at a time mutually acceptable to the employee and their supervisor. Part-time employees shall receive a prorated share of a holiday.
- Part-time employees, working regularly at least twenty (20) hours per week, shall earn a percentage of the above-referenced holiday benefits based on the number of hours they regularly work in a normal work week as compared to the number of hours required for full-time status in their particular department.

### Unpaid Holidays for Religious Purposes

You may take up to two (2) unpaid religious holidays per calendar year for "a reason of faith or conscience or an organized activity conducted under the auspices of a religious denomination, church, or religious organization," unless your absence would impose an undue hardship on the employer or you are necessary to maintain public safety. Unused days do not carry over from one year to the next. If you take a partial day off, it will count as a full day toward your yearly allotment of two (2) days.

You cannot use vacation time or other forms of leave for this type of leave. If you choose to take vacation or other paid time off instead of an unpaid holiday, your request will be subject to the regular paid time-off approval process. If you are an FLSA-exempt employee and you

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take an unpaid holiday for religious purposes, you will not be paid for that day; therefore, you must not work at all that day.

To request an unpaid holiday for religious purposes, you must provide advance written notice to your supervisor and the Finance Department.

### Washington State Military Family Leave Act (MFLA)

The Washington State Military Family Leave Act (RCW 49.77) provides up to 15 days of unpaid leave of absence from work per deployment for an employee whose spouse or Washington State registered domestic partner is a member of the armed forces on leave from deployment, or before and up to deployment, during a period of military conflict. (City of Duvall employees may use accrued vacation leave, compensatory time leave, or executive leave, if they choose.) MFLA applies to all employees who work an average of 20 hours per week or more, regardless of the length of their employment with the City of Duvall. An employee must provide notice of an impending call or order to active duty, or of a leave from deployment, of their intention to take military family leave.

Washington law (RCW 38.40.060) provides up to 21 days of paid annual military leave of absence from work for public employees who serve in the Washington National Guard or the Army, Navy, Air Force, Coast Guard, or Marine Corps Reserve of the United States, or any organized reserve or armed forces of the United States. The military's fiscal year is from October 1 through September 30. The 21 workdays refer to working days and do not require employees to take military leave for days that they are not scheduled to work, even though they may be required to be engaged in active training. (**Reference: RCW 38.40.060, RCW 49.77.030(3)**)

### Uniformed Services Leave of Absence

All City of Duvall employees may be eligible to take leave from work for required military duties, training, or drills. Washington State Military Leave entitles eligible employees to paid military leave for up to 21 days each military calendar year (October 1-September 30) for military duties, training, or drills. An employee eligible for comprehensive leave benefits who has exhausted their Washington State Military Leave and volunteers or is ordered to active duty or active-duty training is eligible for supplemental military pay (the employee's regular base pay less the employee's military base pay).

### Vacation Leave

The following vacation leave information applies to most city employees; however, it may differ for you, depending on your specific collective bargaining agreement. As advised throughout this guide, consult with your supervisor and, if needed, the Finance Department and City Administrator to confirm the applicability of this information.

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You accrue vacation leave from the date of hire, as outlined in the following table. Vacation leave may only be used once it has accrued and is available in the payroll system. If you work fewer than full-time hours, your vacation accrual is prorated to reflect your typically scheduled workdays. You do not accrue vacation leave while on unpaid leave status.

At the end of each year, employees may carry over a certain portion of their unused vacation leave into the new year. Your collective bargaining agreement determines the amount of the carryover cap. In most instances, unless otherwise expressly provided for by the Duvall City Council, non-represented employees follow the schedule adopted for the Teamsters, Local Union No. 763, represented employees.

Once each calendar year, an eligible employee may request payment in place of vacation. Employees are eligible to request pay in place of vacation if they meet the following criteria:

1. The employee has at least five years of continuous service and requests not more than eighty (80) hours of payment in place of vacation, or the employee has at least ten (10) years of continuous service and requests not more than one hundred (100) hours of payment in place of vacation.
2. The employee has sufficient vacation hours.
3. The employee has used at least sixty (60) hours of vacation during the calendar year.
4. The employee, after receiving the requested number of hours of pay in place of vacation, retains at least forty (40) hours of accrued vacation.

Vacation Accrual Table for the **Duvall Police Association**:

<u>UPON COMPLETION OF SERVICE</u>	<u>HOURS PER YEAR</u>
1 year	96 hours
2 years	104hours
3 years	108 hours
4 years	120 hours
5 – 9 years	132 hours
10 – 15 years	168 hours
16 or more years	200 hours

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## Vacation Accrual Table for Teamsters, Local Union No. 763:

<u>YEARS OF CONTINUOUS SERVICE</u>	<u>SCHEDULED WORKING DAYS OF VACATION</u>
1	80
2	88
3	96
4	104
5	112
6 through 10	120
11 through 15	160
16 through 19	200
20 and thereafter	240

Vacation leave requests should be submitted in accordance with departmental procedures and/or the collective bargaining agreement. If you are FLSA nonexempt (hourly), you may use vacation leave in 15-minute increments. If you are FLSA-exempt (salaried), you must use vacation leave in full-day increments; you are not charged vacation leave for any time missed less than a full day.

While you are on vacation leave, you may not work for compensation for the City of Duvall in any capacity. If you leave in good standing or are laid off after completing six months of service and return to employment within one year of when you left, your prior City of Duvall service counts in determining your vacation accrual rate.

When you leave city employment after completing at least six months of service, you are paid for up to the carryover cap of two hundred and forty (240) hours of unused vacation leave accrued to the date you leave. The leave is paid at your pay rate on the date you leave, less mandatory withholdings. (If you die after completing at least six months of service, payment is made to your estate or, in applicable cases, as provided by Revised Code of Washington (RCW) Title 11.)

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## Family and Medical Leaves

There are many different federal and State laws available when employees need to take leave for their own serious health condition, the serious health condition of eligible family members, and to bond with children. An overview of the main types of leaves is below. A more detailed comparison of these laws can be found in the Leave Comparative Chart at the end of this Guide.

A "serious health condition" is defined as an illness, injury, impairment, or physical or mental condition that requires inpatient care or continuing treatment by a health care provider. The "continuing treatment" test for a serious health condition under the regulations may be met through:

- A period of incapacity of more than three consecutive full calendar days plus treatment by a health care provider twice, or once with a continuing regimen of treatment.
- any period of incapacity related to pregnancy or for prenatal care,
- any period of incapacity or treatment for a chronic, serious health condition,
- a period of incapacity for permanent or long-term conditions for which treatment may not be effective, or
- Any period of incapacity to receive multiple treatments (including recovery from those treatments) for restorative surgery, or for a condition which would likely result in an incapacity of more than three consecutive, full calendar days absent medical treatment,
- Inpatient care in a hospital, hospice, or residential medical care facility, or related outpatient follow-up care.

## How to request family and medical leave

Employees must provide 30 days' advanced notice (foreseeable) or as soon as practicable when unforeseen. Employees must also comply with their department's call-in and absence policies and procedures when requesting leave. Employees will be asked to complete a Leave Request Form and to provide appropriate documentation to support the request for protected leave. This documentation may be in the form of a medical certification for medical conditions or simple documentation for leave related to child bonding.

## Notification and Response

Once the city becomes aware that an employee's absence is due to a qualified family or medical leave reason, or within five business days after the employee's seventh consecutive day of absence, the City of Duvall will provide employees with a notice of their rights to FMLA

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and WA PFLM leave. Additionally, the employee will receive a Leave Request Form that documents the information required by the city to process the leave.

Once the City has an opportunity to review the employee's Leave Request Form, the employee will be notified as to whether leave will be designated as FMLA or PFLMA protected leave within five business days (absent extenuating circumstances) of the city learning that the leave is being taken for a qualifying reason. If you have leave accruals, you will be notified if you must use them while you are out on protected leave.

### How family and medical leave works

Once an employee is approved to take protected leave, several key aspects must be considered.

- Leave may be continuous or intermittent, depending on the documentation provided by the healthcare provider
- Certain types of intermittent leave may require city approval (i.e., bonding leave)
- When leave is taken after the birth or placement of a child for adoption or foster care, you may take leave intermittently or on a reduced leave schedule only if authorized by your appointing authority
- If you request intermittent leave or leave on a reduced leave schedule that is foreseeable based on planned medical treatment, the city may require you to transfer temporarily to an alternative position for which you are qualified that has equivalent pay and benefits and that better accommodates recurring periods of leave than your regular position. If you are moved to an alternative position, you are returned to your regular position when the intermittent leave ends.

For your own serious health condition, you must use all of your sick leave accruals before using other leave or going on unpaid leave. (However, if your condition is due to an on-the-job injury, see "Supplementing Workers' Compensation with Paid Leave") After sick leave is exhausted, you may then use vacation.

To care for a family member with a serious health condition, you may use paid leave or unpaid leave. If you use sick leave, at the start of the leave to care for your family member, you must decide whether to reserve hours for future sick leave when you submit your Leave Request Form.

When you have used all your sick leave except the hours reserved, you may begin using accrued vacation or compensatory leave or go on leave of absence without pay, if approved by the city.

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Earnings of accruals (vacation and sick leave) stop while you are on unpaid leave, then restart when you return to work.

Even though donated leave is considered unpaid leave, you continue to receive the same city-paid medical (medical, dental, vision) and non-medical benefits (life, AD&D, LTD) that you had before your leave began. Once you are no longer using donated leave and enter an unpaid status, you must self-pay for basic and supplemental non-medical benefits (life, AD&D, and LTD) if you wish to remain eligible for the coverage. Medical and non-medical coverage ends on the last day of the month in which you lost coverage.

### Benefits coverage

Under FMLA/WFLA, you receive the same city-paid medical benefits (medical, dental, and vision) you had when on paid status immediately before you began leave. Deductions for supplemental non-medical benefits (life, AD&D, LTD) will continue during use of paid leave. Once you enter an unpaid status, you must self-pay for both basic and supplemental non-medical benefits. The Finance Department will contact you to begin the self-pay process. You will also be contacted about self-paying to continue medical coverage under COBRA when FMLA/WFLA ends.

### Returning to Work

A medical release to whole, part, or transitional (light) duty is required from your health care provider before you return to work after your serious health condition. If you do not submit a release, your return to work may be delayed. Hours worked during a transitional duty assignment do not count against FMLA entitlements. If you require disability accommodation services related to returning to work, please notify your supervisor, the City Administrator, or the Finance Department.

Your job is protected while on FMLA/WFLA. However, 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.

***(Reference: Family and Medical Leave Act 29 CFR 825; Revised Code of Washington (RCW) 49.78)***

### Service Member Family Leave

The federal Family and Medical Leave Act provides service member family leave to eligible employees to care for a covered service member who is recovering from a serious illness or injury sustained in the line of duty while on active military duty. An eligible employee is the spouse, son, daughter, parent, or next of kin of the injured

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service member. "Next of kin" means the nearest blood relative of the service member other than the service member's spouse, parent, son, or daughter in the following order:

- A blood relative that the service member has designated (in writing) as the caregiver.
- Blood relatives who have been granted legal custody of the covered service member by court decree or statutory provisions
- Siblings
- Grandparents
- Aunts and uncles
- First cousins

Where there are multiple family members with the same level of relationship to the service member, each may be deemed the next of kin and provide care to the service member under the FMLA on either a consecutive or concurrent basis. Spouses who are eligible for FMLA leave are limited to a combined total of 26 workweeks of leave to care for the injured service member. Caregiver leave is intended to care for service members currently in the military, including those who are seriously ill or injured and on the temporary disability retired list. Covered service members do not include retired members or service members on the permanent disability retired list.

Service Member Family Leave is available during a single 12-month period during which eligible employees are entitled to a combined total of 26 weeks of all types of FMLA leave (an employee who takes 14 weeks of Service Member Family Leave may still be eligible for 12 weeks of Family Medical Leave in 12 months). Service Member Family Leave may be taken intermittently or on a reduced-schedule basis and is administered under the general Family Medical Leave Act requirements.

### FMLA Qualifying Exigency Leave

The FMLA also provides that eligible employees are allowed up to 12 weeks of leave because of "any qualifying exigency" arising out of the fact that the spouse, son/daughter (of any age) or parent of the employee is on active duty or has been notified of an impending Federal call to active duty status in support of a contingency operation. This may be taken intermittently or on a reduced-schedule basis and is administered in accordance with general Family Medical Leave Act requirements. A qualifying exigency may include:

- Issues arising from a covered military member's short-notice deployment (e.g., seven or fewer calendar days of notice before the deployment) for seven days from the date of notification;
- Military events and related activities, such as official ceremonies, programs, or events sponsored by the military or family support or assistance programs, and informational briefings sponsored or promoted by the military, military service

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organizations, or the American, or call to active-duty status of a covered military member;

- Certain childcare and related activities arising from the active duty or call to active duty status of a covered military member, such as arranging for alternative childcare, providing childcare on a non-routine, urgent, immediate need basis, enrolling or transferring a child in a new school or day care facility, and attending specific meetings at a school or a day care facility if they are necessary due to circumstances arising from the active duty or call to active duty of the covered military member;
- Making or updating financial and legal arrangements to address a covered military member's absence;
- Attending counseling provided by someone other than a health care provider for oneself, the covered military member, or the child of the covered military member, the duty or call to active duty status of the covered military member;
- Taking up to five days of leave to spend time with a covered temporary, rest and recuperation leave during deployment;
- Attending to certain post-deployment activities, including attending arrival ceremonies, reintegration briefings and events, and other official ceremonies or programs sponsored by the military for 90 days following the termination of the covered military member's active duty status, and addressing issues arising from the death of the covered military member;
- Any other event that the employer and employee agree is a qualifying exigency.

### Washington Family Care Act (WFCA)

The Washington Family Care Act is a separate law from FMLA and allows you to choose to use sick leave or other paid time off to care for a covered family member with certain health conditions. If you take leave under WFCA and it qualifies under FMLA, your leave is also counted as FMLA leave. Key differences of WFCA:

- Must have access to and use paid accruals to receive WFCA
- Eligibility includes both severe health conditions PLUS emergency conditions
- Cannot be used for employees' conditions
- WFCA includes additional family members: Washington State registered domestic partner, parent-in-law, grandparent of the employee

Under the Washington Family Care Act, you may use sick leave or other paid time off to care for your:

1. Child (biological, adopted, foster, or stepchild; legal ward or child for whom you are standing in as the parent) under 18 who has a health condition which includes:

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- Medical condition requiring treatment or medication that the child cannot self-administer
  - Medical or mental health condition that would endanger the child's safety or recovery without your presence or
  - Condition warranting treatment or preventive care, such as physical, dental, optical, or immunization services, when you must be present to authorize the treatment
2. Child 18 or older with a mental or physical disability that makes the child incapable of self-care, who has a health condition that includes:
- Medical condition requiring treatment or medication that the child cannot self-administer
  - Medical or mental health condition that would endanger the child's safety or recovery without your presence or
  - Condition warranting treatment or preventive care, such as physical, dental, optical, or immunization services, when you must be present to authorize the treatment
3. Spouse, Washington state registered domestic partner (DP), parent (or someone standing in loco parentis for you), parent-in-law, or grandparent (but not your spouse or domestic partner's grandparent) with a serious or emergency health condition:
- Requiring an overnight stay in a hospital or other medical care facility
  - Resulting in a period of incapacity, treatment, or recovery following inpatient care
  - Continuing treatment under the care of a health care services provider that includes any period of incapacity (for example, inability to work or perform other regular daily activities)
  - Emergency Health Condition - i.e., demanding immediate action.

***(Reference: Revised Code of Washington (RCW) 49.12; Washington Administrative Code (WAC) 296- 130)***

## Pregnancy, Childbirth and Pregnancy-Related Conditions (PCPRC)

One part of Washington State's law against discrimination is discrimination against female employees because of pregnancy, childbirth, or pregnancy-related conditions. This law provides protected leave for eligible female employees during the period they are sick or temporarily disabled due to the PCPRC condition. You may choose to take this leave as paid or unpaid leave. If you take paid leave using your leave accruals, you are afforded the same city-paid medical (medical, dental, and vision) and non-medical benefit (life, AD&D, LTD) coverage you had immediately before your leave began. If you take this leave

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unpaid, the Finance Department staff will contact you regarding self-payment to continue all coverages under COBRA.

There is no set amount of time off associated with this law (e.g., for Caesarean vs. natural birth). The duration of the PCPRC leave depends on the time listed in the medical certification.

**(Reference: Washington Administrative Code (WAC) 162-30-020)**

### Washington Paid Family and Medical Leave (WA PFML)

The State of Washington began offering Paid Family and Medical Leave (PFML) to eligible employees on January 1, 2020. PFML is a statewide insurance program administered by the Department of Employment Security. Mandatory employer contributions and employee payroll deductions fund PFML. To be eligible for PFML, you must have worked at least 820 hours (approximately 16 hours per week) for a Washington employer during the previous year.

Under PFML, eligible employees may take up to 12 weeks of leave to:

- Welcome a child into your family (through birth, adoption, or foster placement)
- Recover from a serious illness or injury
- Care for a seriously ill or injured family member
- Prepare for a family member's pre- and post-military deployment, or manage childcare issues related to a family member's military deployment.
- For bereavement purposes due to the loss of a child.

Face multiple events in a year. You may be eligible to receive up to 16 weeks, and up to 18 weeks if you experience a serious health condition during pregnancy that results in incapacity.

PFML benefit is calculated and paid by the Employment Security Department (state of Washington).

All represented and non-represented employees are eligible for PFML if they meet the criteria.

For more complete and current information about PFML and to apply, visit <https://paidleave.wa.gov/> or contact the Washington Employment Security Department by email at [paidleave@esd.wa.gov](mailto:paidleave@esd.wa.gov) or by phone at 833-717-2273.

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## Supplementing Workers' Compensation with Paid Leave

If you are injured on the job and are receiving time-loss compensation through workers' compensation, you must choose whether to supplement your time-loss compensation payments with paid leave. Once you have selected whether to supplement or not to supplement, your decision is final; i.e., you cannot start and stop supplementation. If you choose to supplement, you may not simultaneously collect workers' compensation payments and sick leave totaling more than your regular net pay. If you do not opt to supplement your workers' compensation payments with sick leave, you are considered on unpaid leave. You must notify the City of Duvall Finance Department, in writing, at the beginning of the leave.

## Leave of Absence without Pay

There are limited circumstances under which employees may take a leave of absence without pay, with prior approval. A leave of absence without pay (LWOP) may be used for medical and non-medical purposes. For medical purposes, once you have exhausted your protected family and medical leave of absence entitlements, you must obtain an approved leave of absence without pay. Leave without pay may be taken for a leave of 30 calendar days or less, as well as for leaves of 31 days or more. If your leave is in conjunction with a workers' compensation claim, you are not required to complete a leave of absence without pay form. For more information, please contact the City Administrator or the Finance Department.

If your unpaid leave is 30 calendar days or less, any city-paid medical and non-medical insurance coverage you receive continues uninterrupted.

If unpaid leave is initially scheduled to last 31 or more calendar days or if your short-term unpaid leave extends beyond 31 calendar days, then your city-paid medical and non-medical insurance coverage ends at the end of the month in which the unpaid leave began (this also applies to absences related to workers' compensation). To continue receiving medical benefits, you must self-pay for coverage through the COBRA benefit administered by the city's COBRA vendor. To continue receiving basic and supplemental non-medical insurances (life, AD&D, LTD, STD), you must self-pay for coverage using the self-pay letter that will be provided to you by the Benefits office.

LWOP is considered a gap in city employment. Gaps in your city employment may affect your seniority and retirement service credit, and may extend your probationary period if you are on probation when you take the leave. An LWOP lasting over 30 days will impact your benefit service date, which in turn affects your rate of vacation accruals.

## EMPLOYEE LEAVE GUIDE

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Once you enter an unpaid status under a leave without pay, your sick leave, vacation leave, and other benefit accruals stop.

While an employee is on a LWOP, step increases shall not occur. If an employee misses a step increase while on LWOP, the step increase shall be effectuated within the first pay period following the employee's full return to work.

The City Administrator may revoke your leave of absence without pay if there is evidence that it was granted and approved under pretenses or if the need for your leave has ceased to exist. If you fail to return from a leave of absence without pay when your leave expires, you may be terminated from city service.

### An LWOP for the medical condition of the employee

#### Requesting a leave of absence without pay for employee medical reasons

When requesting an LWOP for your own medical reasons, you must submit the Leave Request Form found in the appendix to this document. An LWOP for 30 days or less must be authorized in writing by your Department Director. An LWOP of 31 days or more requires additional authorization by the City Administrator or designee. If protected leave is ending and additional leave is needed, an LWOP form should be completed 45 days before the end of your protected leave. When a medical LWOP is used in conjunction with paid leave time, all sick and similar accruals must be used first.

### Returning to work

If you take leave to recover your own health, the city will require you to submit a medical release concerning your ability to perform the essential functions of your job before you may return to work.

### An LWOP for non-medical reasons

#### Requesting a leave of absence without pay

When requesting an LWOP, you must submit the appropriate form under any applicable bargaining agreement, policy, or municipal code. Generally, there are two types of unpaid leave for non-medical reasons. The first is a short (no more than five workdays), one-time leave without pay that is allowed once per year for Local Union No. 763 members. A form to request such leave is attached as an appendix to this guide.

The second is a twelve-month leave of absence. While permitted, this is a rare occurrence and will only be granted if it is in the best interests of the city. Approval for this type of leave must be submitted to the City Administrator and approved in writing.

## EMPLOYEE LEAVE GUIDE

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During a twelve-month leave of absence, employees shall not accrue vacation or sick leave or any other benefits. Moreover, the employee's anniversary date will be adjusted by the length of the leave granted. Upon expiration of a regularly approved leave without pay, the employee shall be reinstated in the position held at the time the leave was given, to another equivalent position, or, if the city's circumstances have so changed that the employee cannot be reinstated to the same position or a position of comparable pay and benefits, the employee shall be reinstated in any other position which is vacant and for which the employee is qualified. The right to be reinstated is subject to bona fide changes in compensation or work duties, and does not apply if: (1) the employee's position was eliminated by a bona fide restructuring or reduction in force; (2) the employee's workplace is permanently or temporarily shut down for at least thirty days; (3) an employee on a leave of absence takes another permanent job; or (4) an employee fails to return on the established ending date of a leave of absence without pay.

When a non-medical LWOP is used in conjunction with paid leave time, all vacation, comp time, and personal time must be used before going unpaid.

### Returning to work

If an LWOP was granted for any reason other than your medical condition, you are not required to submit a medical release before returning to work. City Administrator may revoke your leave of absence without pay if your Department Director or supervisor provides evidence that it was granted and approved under false pretenses or if the need for your leave has ceased to exist. If you fail to return from a leave of absence without pay when your leave expires, you may be terminated from city service.

### Sick Leave

City employees accrue sick leave beginning the first of the month following the month they begin their city employment. Employees accrue sick leave at the rate of one (1) day for each completed calendar month of service. Alternatively, employees accrue sick leave on a pro rata basis. For example, if any employee works typically four (4) hours per day and the typical workday is eight (8) hours, the employee shall receive four (4) hours for each month of employment.

If you are a uniformed employee covered by Plan 1 of the Law Enforcement Officers' and Fire Fighters' State Retirement System, your accruals are different; for details, please check with the Washington Department of Retirement Systems.

Sick leave may not be used until it has accrued and is available in the city's payroll system. An employee may not collect sick leave and workers' compensation time loss payments for a physical incapacity due to any injury or occupational illness that is directly traceable to employment other than with the City of Duvall.

## EMPLOYEE LEAVE GUIDE

	DUVALL POLICE DEPARTMENT	LOCAL 763/TEAMSTERS	NON-REPRESENTED CITY STAFF
ACCRUAL RATE	One (1) Day (8 hours) per month of service	One (1) Day (8 hours) for each completed calendar month of service	Sick leave with pay shall accrue at the rate of one working day of leave for each month of continuous full-time service.
THE AMOUNT OF SICK LEAVE THAT EMPLOYEES CAN ACCRUE	May accumulate an unlimited amount of sick leave hours	Sick leave may accumulate until it is claimed and used.	Silent
THE AMOUNT OF SICK LEAVE THAT EMPLOYEES CAN ACCRUE.	Carryover a maximum of 960 hours, with any hours beyond 960 carryover maximum forfeited at year's end	Employees may carry over 720 hours of sick leave.	Non-represented employees may carry over up to 480 hours of accrued sick leave from one calendar year to the next.
SPECIFIC SICK LEAVE CASH OUT PROVISIONS	If sick leave accruals exceed 480 hours, the employee may receive compensation equal to 25% of the sick leave hours that exceed 480 hours, up to a maximum of 960 hours, at the employee's regular straight-time hourly rate of pay. Requests for compensation must be submitted to the employer in writing on or before Dec. 10 each year. Any hours accumulated during the year over 960 are ineligible for cash-out.	After five years of employment with the Employer, employees may cash out any unused sick leave at 25% of their current rate of pay, up to an annual maximum of 60 hours, once per calendar year. At ten (10) years of service, the maximum cash out increases to 80 hours. Employees must retain 40 hours of accrued sick leave. The cash-out request must be in writing and presented once annually. Cash reimbursements shall only be made when funds are available to the Employer to fulfill the request.	After five years of employment with the Employer, employees may cash out any unused sick leave at 25% of their current rate of pay, up to an annual maximum of 60 hours, once per calendar year. At ten (10) years of service, the maximum cash out increases to 80 hours. Employees must retain 40 hours of accrued sick leave. The cash-out request must be in writing and presented once annually. Cash reimbursements shall only be made when funds are available to the Employer to fulfill the request.
SICK LEAVE CASH-OUT LIMIT AT RESIGNATION/TERMINATION	25% of 480 hours	25% of 480 hours	Upon an employee's retirement or termination, the city shall pay for not more than two hundred forty (240) hours of accrued sick leave. Payment for sick leave will be paid at twenty-five (25) percent of the regular rate of pay.

## EMPLOYEE LEAVE GUIDE

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If you are an FLSA-nonexempt employee (hourly), you may use sick leave in fifteen-minute increments at the discretion of your supervisor. If you are an FLSA-exempt employee (salaried and not eligible for overtime), you must use sick leave in full-day increments; you are not charged sick leave for partial-day absences.

Paid sick leave may be used for the following purposes:

- For self-care or to care for a family member:
  - Due to a mental or physical illness, injury, or health condition;
  - To obtain medical diagnosis, care, or treatment of mental or physical illnesses, injuries, or health conditions, or
  - To receive preventative care;
  - For absences that qualify for leave under the Domestic Violence Leave Act, RCW 49.76;
  - If your workplace or your child's school or place of care has been closed for any health-related reason by order of a public official or after the declaration of an emergency by a local or state government or agency, or by the federal government;
  - For family and medical leave available under federal or state law or city ordinance.

For purposes of paid sick leave, a "family member" is:

- A spouse or domestic partner.
- A child, including a biological, adopted, foster child, stepchild, or a child to whom the employee stands in loco parentis, is a legal guardian, regardless of age or dependency status, or the child of the employee's spouse or domestic partner.
- The parent of an employee, the employee's spouse, or the employee's domestic partner
- A grandchild, grandparent, or sibling.

Upon separation from employment, employees are compensated for all unused sick leave at twenty-five percent (25%) of their current rate of pay, up to a maximum of four hundred eighty (480) hours, unless a collective bargaining agreement specifies otherwise.

After five (5) years of employment with the City of Duvall, employees may cash out any unused sick leave at twenty-five percent (25%) of their current rate of pay up to an annual maximum of sixty (60) hours once each calendar year. With ten (10) years of service, the maximum cash-out allowed increases to eighty (80) hours. Employees who request any form of cash-out must maintain at least forty (40) hours of accrued sick leave. The cash-out request must be in writing and shall only be requested once per year. Employees

## EMPLOYEE LEAVE GUIDE

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represented by the Duvall Police Association submit sick-leave cash-out requests on or before December 10<sup>th</sup> of each calendar year.

For Local Union No. 763 represented and non-represented employees, employees may carry over a maximum of seven hundred twenty (720) hours of sick leave from year to year. For employees represented by the Duvall Police Association, the maximum carry-over of sick leave is nine hundred and sixty (960) hours.

### Washington State Paid Sick Leave

Beginning January 1, 2018, the State of Washington implemented a paid sick leave law that required employers to provide a minimum amount of paid sick leave to all employees. The City of Duvall's current policies already provide paid sick leave above the minimum threshold required by law. Information regarding accessing the benefits of the Washington State Paid Sick Leave law is attached to the City of Duvall Leave Request Form as well as in the appendices of this Leave Guide. (**Reference: RCW 49.46 Minimum Wage Act**)

### Donated Leave

### Donating Leave to Other Employees through the Shared Leave Program

City of Duvall employees may receive shared or donated leave under this section under the following circumstances:

1. The employee suffers or has an immediate family member suffering from an extraordinary or severe illness, injury, impairment, or physical or mental condition which has or is likely to cause the employee to take leave without pay or to terminate employment with the city.
2. The employee has or will shortly deplete their total accrued vacation, sick leave, compensatory time, holiday time, and paid leave.
3. Before the use of shared leave, the employee has complied with the city's sick leave policy.
4. The employee has diligently pursued and is found to be ineligible for state industrial insurance benefits.
5. The use of shared leave will not significantly increase the city's costs except for those costs which would otherwise be incurred in the administration of this program or which would otherwise be incurred by the employee's department.

## EMPLOYEE LEAVE GUIDE

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6. There should be no evidence of coercion on the part of any employee to donate or receive donated or shared leave. All donations are entirely voluntary and are given without duress.
7. An employee shall not receive a total of more than one hundred eighty (180) days of shared leave. To the extent possible, the shared leave should be used consecutively.
8. An employee may transfer shared leave to an eligible employee, as provided in this section, from accrued vacation and/or accrued sick leave if:
  - a. After the transfer, the donor has at least ten (10) days of vacation leave and at least ten (10) days of sick leave;
  - b. The transferring employee transfers not more than six days of sick leave in any twelve (12) month period;
  - c. The donor does not directly or indirectly benefit from the transfer of leave;
  - d. The donor has provided the Finance Department with a written request signed by the donor indicating the amount of leave they wish to transfer and the person they want to receive the leave. The Finance Department shall not transfer leave over the amount specified in the request.
  - e. Transfers shall be made in increments of one hour of leave.

Leave may be transferred from employees from one department to an employee of the same department, or with the concurrence of both department heads, to an employee of another department.

While an employee is on shared leave, they will continue to be classified as a city employee. He or she shall receive the same treatment, with respect to salary and benefits, as the employee would otherwise receive if using their own accrued leave.

The employee's salary rate shall not change as a result of being on shared leave nor, under any circumstances, shall the total of the employee's salary and other benefits, including but not limited to State Industrial Insurance or any other benefit received as a result of payments by the city to an insurer, health care provider, or pension system, exceed the total of salary and benefits which the employee would have received had he or she been in a regular pay status.

Leave shall be transferred on a dollar-for-dollar basis. The minimum allowable transfer of leave shall be one-hour increments.

## **EMPLOYEE LEAVE GUIDE**

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The Finance Department shall be responsible for monitoring donated leave and shared leave, and shall also be responsible for adjusting the accrued leave balances for both the donor and recipient. Records of all shared leave transfers shall be maintained.

Once shared leave is transferred to the donee employee, it shall henceforth remain in the donee's accrual until exhausted and shall not revert to the original donor employee.

### **Donating Leave to Disaster Relief Assistance**

Subject to the following conditions, employees may elect to transfer a portion of their accrued sick leave, vacation leave, and/or compensatory time to aid relief efforts organized in response to a catastrophic event:

1. The employee shall provide the Finance Department with a written request for such transfer.
2. The leave or compensatory time shall be transferred on a dollar-for-dollar basis. The minimum amount of such transfer shall be one hour.
3. After the transfer, the employee shall have at least five days of vacation or five days of sick leave remaining.
4. The Finance Department shall monitor the transferred leave or compensatory time and shall maintain appropriate records of such transfers.
5. The mayor shall make the determination of whether an event is catastrophic.

# Leave Administration Form | Leave Request Form



## Leave Eligibility Chart

The following chart indicates eligible family members under each form of protected leave.

Relationship	FMLA	WA PFML <sup>1</sup>	WFCA	WASL	MFLA
Self	Yes	Yes	No	Yes	No
Spouse	Yes	Yes	Yes	Yes	Yes
Domestic Partner	No	Yes, if state-registered	Yes, if state-registered	Yes	Yes, if state-registered
Child	Yes	Yes (any age) <sup>1</sup>	Yes	Yes	No
Spouse's Child	Yes	Yes (any age)	Yes	Yes	No
Domestic Partner's Child	No	Yes, if state-registered	Yes	Yes	No
Employee's Grandchild	No	Yes	No	Yes	No
Employee's Grandparent	No	Yes	Yes	Yes	No
Employee's Parent	Yes <sup>2</sup>	Yes	Yes	Yes	No
Spouse's Parent	No	Yes	Yes	Yes	No
Domestic Partner's Parent	No	Yes, if state-registered	Yes	Yes	No
Employees 'in loco parentis'	Yes	Yes	Yes	Yes	No
Spouse's in loco parentis'	No	Yes	Yes	Yes	No
Domestic Partners 'in loco parentis'	No	No	Yes	Yes	No
Sibling	No	Yes	No	Yes	No
Next of kin	Yes, if leave is for a military service member	No	No	No	No

<sup>1</sup> A child, grandchild, grandparent, parent, sibling, or spouse of an employee, and also includes any individual who regularly resides in the employee's home or where the relationship creates an expectation that the employee care for the person, and that individual depends on the employee for care. Does not include an individual who simply resides in the same home with no expectation that the employee care for the individual.

## **INSTRUCTIONS FOR COMPLETING THE MEDICAL CERTIFICATION FORM**

Under the Americans with Disabilities Act (ADA), a qualified employee with a disability may request reasonable accommodations by engaging the interactive process with their employer.

During the interactive process, if appropriate, an employer may request medical documentation to support an employee's disability, any restrictions or barriers the employee may experience as a result of the disability, and suggestions for potentially effective accommodations. The employee must provide this documentation. To provide this documentation, an employee may either: (1) ask their healthcare provider to provide a signed note with the aforementioned information or (2) submit this form to their healthcare provider to be completed and returned to their employer.

Upon receipt of a healthcare provider's note or this completed form, the City of Duvall will ensure that the documentation is kept in a locked file separate from the employee's personnel records.

For questions or concerns about this form or the interactive process, please contact Cynthia McNabb, City Administrator, at [cynthia.mcnabb@duvallwa.gov](mailto:cynthia.mcnabb@duvallwa.gov).

# Leave Administration Form | Leave Request Form



## CITY OF DUVALL, WASHINGTON ADA ACCOMMODATIONS REQUEST FOR MEDICAL CERTIFICATION

The following City of Duvall employee has requested accommodation(s) under the Americans with Disabilities Act (ADA):

Employee's Name: \_\_\_\_\_

To assist with the interactive process, we request your responses to the following questions, based on your medical expertise and treatment of the aforementioned employee.

<b>A. Questions to help determine whether an employee has a disability.</b>		
Under the ADA, an employee has a disability if they have a physical or mental impairment that substantially limits one or more major life activities or a record of such an impairment. The following questions may help determine whether an employee has a disability:		
Does the employee have a physical or mental impairment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, what is the impairment or the nature of the impairment?		
Answer the following question based on what limitations the employee has when their condition is in an active state and what limitations the employee would have if no mitigating measures were used. Mitigating measures include medication, medical supplies, equipment, hearing aids, mobility devices, the use of assistive technology, reasonable accommodations or auxiliary aids or services, prosthetics, learned behavioral or adaptive neurological modifications, psychotherapy, behavioral therapy, and physical therapy. Mitigating measures do not include ordinary eyeglasses or contact lenses.		
Does the impairment substantially limit a major life activity (including major bodily functions) as compared to most people in the general population?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p><b>Note:</b> Does not need to significantly or severely restrict to meet this standard. It may be helpful in appropriate cases to consider the condition under which the individual performs the major life activity; how the individual performs the major life activity; and/or the duration of time it takes the individual to perform the significant life activity, or for which the individual can perform the major life activity.</p>	<p>OR</p> <p>Describe the employee's limitations when the impairment is active.</p>	

# Leave Administration Form | Leave Request Form



If yes, what major life activity(s) (including major bodily functions) is/are affected?

- |  |  |                                   |                                   |                                 |
|--|--|-----------------------------------|-----------------------------------|---------------------------------|
| <input type="checkbox"/> Bending         | <input type="checkbox"/> Hearing                 | <input type="checkbox"/> Reaching | <input type="checkbox"/> Speaking | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Breathing       | <input type="checkbox"/> Interacting With Others | <input type="checkbox"/> Reading  | <input type="checkbox"/> Standing | (describe)                      |
| <input type="checkbox"/> Caring For Self | <input type="checkbox"/> Learning                | <input type="checkbox"/> Seeing   | <input type="checkbox"/> Thinking |                                 |
| <input type="checkbox"/> Concentrating   | <input type="checkbox"/> Lifting                 | <input type="checkbox"/> Sitting  | <input type="checkbox"/> Walking  |                                 |
| <input type="checkbox"/> Eating          | <input type="checkbox"/> Performing Manual Tasks | <input type="checkbox"/> Sleeping | <input type="checkbox"/> Working  |                                 |

Major bodily functions:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> Bladder        | <input type="checkbox"/> Digestive     | <input type="checkbox"/> Lymphatic             | <input type="checkbox"/> Reproductive  |
| <input type="checkbox"/> Bowel          | <input type="checkbox"/> Endocrine     | <input type="checkbox"/> Musculoskeletal       | <input type="checkbox"/> Respiratory   |
| <input type="checkbox"/> Brain          | <input type="checkbox"/> Genitourinary | <input type="checkbox"/> Neurological          | <input type="checkbox"/> Special Sense |
| <input type="checkbox"/> Cardiovascular | <input type="checkbox"/> Hemic         | <input type="checkbox"/> Normal Cell Growth    | Organs & Skin                          |
| <input type="checkbox"/> Circulatory    | <input type="checkbox"/> Immune        | <input type="checkbox"/> Operation of an Organ | <input type="checkbox"/> Other:        |
|   |  |  | (describe)                             |

## B. Questions to help determine whether an accommodation is needed.

An employee with a disability is entitled to an accommodation only when it is necessary due to the disability. The following questions may help determine whether an accommodation is needed because of the disability:

What limitation(s) are interfering with the employee's job performance or accessing a benefit of employment?

What job function(s) or benefits of employment is the employee having trouble performing or accessing because of the limitation(s)?

How do the employee's limitation(s) interfere with their ability to perform the job function(s) or access a benefit of employment?

# Leave Administration Form | Leave Request Form



## C. Questions to help determine effective accommodation options.

If an employee has a disability and requires an accommodation due to the disability, the employer must provide a reasonable accommodation, unless the accommodation would pose an undue hardship. The following questions may help determine adequate accommodations:

Do you have any suggestions regarding possible accommodations to improve job performance?

If so, what are they?

How would your suggestions improve the employee's job performance or ability to carry out the essential functions of their job?

## D. Other questions or comments.

Medical Professional's Signature:

Date:

The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as explicitly allowed by this law. To comply with this law, we are asking that you not provide any genetic information when responding to this request for medical information. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.



APPENDIX: B

Teamsters Non-FMLA Unpaid Leave of Absence Request Form

Under Section 7.5 of the collective bargaining agreement between the City of Duvall and Local 763/Teamsters, a regular full-time employee who desires a leave of absence for personal or business reasons shall be granted **up to five (5) days of leave** without pay once each year with the approval of the Chief Administrative Officer. Approval shall be requested, received, and submitted to Payroll **before taking leave**.

*This form is not to be used for medical or parental leave of absence. Employees must apply for FMLA or Washington Paid Family Leave to be eligible for leave under the provisions of these programs. They will be required to provide medical documentation from a qualified medical provider.*

Employee Name:

Supervisor Name:

LEAVE REQUEST INFORMATION:

First Day of Leave: \_\_\_\_\_ Return to Work Date: \_\_\_\_\_

Phone Number during leave: \_\_\_\_\_ Emergency Phone #: \_\_\_\_\_

Address during leave: \_\_\_\_\_

EMPLOYEE ACKNOWLEDGEMENT: I agree and acknowledge that:

- If approved, my leave of absence will be without pay.
- If approved, I will not accrue any leave benefits while on leave of absence without pay.
- Any requested modification to an approved return to work date must be made before the scheduled return date and approved by a Supervisor and
- If I fail to return to work on or before the return date of my approved leave of absence, if no prior arrangements for an extension have been made, my resignation will be considered voluntary.

Employee Signature: \_\_\_\_\_

APPROVAL:

Supervisor Approval Signature: \_\_\_\_\_

Date: \_\_\_\_\_

City Administrator Approval Signature: \_\_\_\_\_

Date: \_\_\_\_\_

# Leave Administration Form | Leave Request Form

## APPENDIX: C



### Instructions

Employees should submit this completed request form to their Supervisor and the Payroll Department at least 30 calendar days before leave begins (if the leave is foreseeable) or as soon as possible (if the leave is unforeseeable). **A medical certification form is required for each requested leave of absence and serious health condition upon request.**

Employee Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Supervisor Name \_\_\_\_\_ Work location \_\_\_\_\_

### Indicate Covered Family Member and Expected Leave Schedule

Self, Other Name, and relationship \_\_\_\_\_ Date of Event: \_\_\_\_\_  
 Leave Reason (do not provide medical details) \_\_\_\_\_  
 Leave Start Date \_\_\_\_\_ Anticipated return to work date \_\_\_\_\_  
 Briefly describe how leave will be taken \_\_\_\_\_

### Indicate Order of Paid Accruals When Eligible for FMLA

(If applying for weekly PFML payments from ESD then not required to complete)

Reason for Leave	Sick	Vacation	Unpaid	Other
Employee's Health Condition	Must use first	_____	_____	_____ (_____)
Bonding (newborn, adoption, foster-to-adopt) Leave	_____	_____	_____	_____ (_____)
Family Member Condition	_____	_____	_____	_____ (_____)

The information I have provided is accurate, correct, and complete. I understand that if I have falsified any information related to my Protected Family and Medical Leave Request, it may result in 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 the department's 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

**PFML:** Do you intend to apply for weekly Paid Family and Medical Leave payments through the Employment Security Department (ESD); PFML payments are not considered pay by Duvall.  YES  NO

### Employee acknowledgement of request – read carefully

that my supervisor or the City administration/Payroll may contact me during my leave period to verify my status and obtain updates on 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 before I report to work.

Employee signature \_\_\_\_\_ Date \_\_\_\_\_

Medical Certification form:  Attached  Not attached, but will be provided within fifteen calendar days on \_\_\_\_\_  Documentation attached for baby/child bonding

# Leave Administration Form | Leave Request Form



## Notice of rights and obligations – Read carefully and keep for your records

The City of Duvall complies with federal and state leave provisions, as well as any changes to these laws that 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 consistently with any such changes.

### Designation

Once protected leave is designated, it may count against your available leave entitlements. You are required to present a completed medical certification and other appropriate documentation to substantiate your leave request. Failure to provide certification may result in the denial of your protected leave entitlements and loss of benefits.

### Workers' compensation

Leave due to a workplace injury/workers' compensation may also qualify for protected leave, which will run concurrently as long as you remain eligible and have remaining entitlement balances. Payments received for workers' compensation claims are not considered pay by the City of Duvall.

### Job protection and benefit continuation

- 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.
- PFML leave does not provide continuation of City-paid health and insurance benefits. Employees may qualify for these protections through the use of protected leave or by utilizing City of Duvall paid accruals.
- PFML does not provide job protection unless eligible and running other types of protected leave, or meet the criteria under PFML.
- If you enter an unpaid status during use of FMLA or WFCA, you will be responsible for paying all basic and supplemental non-health (life, AD&D, LTD, STD) insurance premiums. Contact Payroll for more information.

### 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. 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)].

### Important dates – Employee

- **Same Day/5 Days:** Employees should generally submit medical certification for FMLA at the time of the request.
- **30 Days:** Foreseeable conditions or as soon as possible if unforeseeable (only FMLA or PFML).
- **15 Days:** Deadline to submit medical certification to the employer.
- **Chronic Conditions:** Visit the doctor at least twice a year. Employers may request medical certifications every 6 months.
- 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.

# Leave Administration Form | Leave Request Form



## Important dates – Employer

- **5 Days:** Agencies have five days to inform employees of FMLA eligibility and PFML rights. Notice can be given by email or using the standard Leave Response Form (eligibility for other leave laws also listed).
- **7 Days:** Incomplete or insufficient medical certifications (i.e., vague, ambiguous) must be returned to the employee with written instructions explaining necessary information for a complete certification. The employee has 7 days to meet with a healthcare provider to address any areas of concern and submit an updated certification.
- **30 Days:** Agencies may not request recertifications more often than every 30 days (some exclusions).
- The City of Duvall City Administrator or Payroll Department/Finance Director may contact the health care provider to clarify or authenticate medical certifications. The employee's direct supervisor may never communicate with the employee's health care provider.
- **5 Days:** The City of Duvall uses reported time to determine exhaustion of FMLA entitlements and will notify employees in writing (email or letter) within five business days. No negative employment actions, like termination for job abandonment, should be considered during the notice period.

## 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 or you are receiving PFML payments. After you exhaust your sick leave, you may use vacation and other paid leave. For questions regarding other leave accruals, please get in touch with the Payroll Department.
- You must use all your own sick leave before using shared leave (except when using WFCA and PFML). You must use all your own vacation leave before using shared leave.
- Payments received through PFML are not considered pay by the City of Duvall. Employees are not required to use their accrued sick leave before using PFML.

## Washington State Paid Family and Medical Leave (PFML)

- Employees may not supplement their PFML with their own paid accruals to achieve 100% of their regular pay. Employees applying for PFML will need to either use their own paid accruals OR receive PFML for their eligible leave.

## For additional information

- Contact Payroll personnel, the Supervisor, or the City Administrator 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 Paid Family and Medical Leave: <https://paidleave.wa.gov/>
- 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>
- Washington State Department of Labor and Industries: 1-800-547-8367 or <http://www.ini.wa.gov>

## Employer's 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 January 1, 2020, Washington employees who have worked 820 hours or more in the qualifying period and experience a qualifying event are eligible for 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 if they meet 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 to 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](http://www.paidleave.wa.gov/benefit-guide).

For more information about how to apply, contact us at 833-717-2273 or visit [www.paidleave.wa.gov](http://www.paidleave.wa.gov).

#### Important information for when you apply

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

Employer UBI #: 179-000-034 This employer offers supplemental benefits: Y \_\_\_\_\_ N **X** \_\_\_\_\_

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

## APPENDIX: D

# Paid Leave Certification Forms

## Which form do I need?

### *Medical leave due to your own serious health condition*

**Certification of Serious Health Condition Form** (pages 1 and 2) or the US Department of Labor's FMLA Certification of Health Care Provider for Employee's Serious Health Condition Form to verify your own serious health condition, including medical leave related to pregnancy and giving birth.

### *Family leave to take care of a family member with a serious health condition.*

**Certification of Serious Health Condition Form** (pages 1 and 2) or the US Department of Labor's FMLA Certification of Health Care Provider for Family Member's Serious Health Condition Form to verify your family member's serious health condition.

### *Parents taking family (bonding) leave following the birth of a child*

**Certification of Birth Form** (last page), or a copy of your child's birth certificate, or a copy of documentation from the hospital showing your child's date of birth.

### *Other types of leave*

Do not use this form for military exigency leave or for bonding leave when a child is placed in your home for adoption, foster care, or other approved placement types. Visit [PaidLeave.wa.gov](http://PaidLeave.wa.gov) for information and required forms for these types of leave.

## How do I submit my forms?

Upload completed forms through your Paid Leave account or include them with your application. You do not need to set up your Paid Leave account before your healthcare provider completes your forms.

**Do not submit any certification forms via email. Emailed documents will not be accepted.** Instructions for how to upload documents are on our website at [paidleave.wa.gov/technical-support](http://paidleave.wa.gov/technical-support).

## Can someone else complete my forms for me?

You may authorize another individual to act on your behalf for the purposes of Paid Family and Medical Leave benefits by having them complete a Designated Authorized Representative form. Contact us at 833-717-2273 to request a copy of the Designated Authorized Representative form.

Your authorized representative can sign page 1 of the Certification for Serious Health Condition on your behalf. Your authorized representative cannot sign for a healthcare provider when completing any documentation requiring a healthcare provider's signature.

## Questions?

If you have any questions, please get in touch with us at 833-717-2273 or [paidleave@esd.wa.gov](mailto:paidleave@esd.wa.gov).

## What kinds of healthcare providers can sign these forms?

Healthcare providers authorized to sign this form are defined in RCW 50A.05.010 and WAC 192-500-090. Generally, "healthcare provider" means:

- A physician or an osteopathic physician who is licensed to practice medicine or surgery, as appropriate, by the state in which the physician practices;
- Nurse practitioners, nurse-midwives, midwives, clinical social workers, physician assistants, podiatrists, dentists, clinical psychologists, optometrists, and physical therapists licensed to practice under state law and who are performing within the scope of their practice as defined under state law by the state in which they practice;
- A healthcare provider listed above who practices in a country other than the United States, who is authorized to practice under the law of that country, and who is performing within the scope of the healthcare provider's practice as defined under such law; or
- Other providers are permitted to certify the existence of a serious health condition under the federal FMLA.

## Certification of Serious Health Condition Form – Pages 1 & 2

### ***Who should use this form?***

The information on the Certification of Serious Health Condition Form is required when applying for:

- Medical leave due to your own serious health condition.
- Medical leave due to your own pregnancy/child's birth.
- Family leave to take care of a family member with a serious health condition.

We cannot approve your application for these types of leave without certification from a healthcare provider.

You may submit a complete US Department of Labor's FMLA form for an employee's serious health condition or a family member's severe health condition form instead of this form. However, we may require additional documentation if there are any questions about the certification provided.

### ***How do I complete this form?***

Complete section one of this form, then have your or your family member's healthcare provider complete section two. The healthcare provider must be able to certify that you or a family member has a serious health condition. The definition of a serious health condition is provided on the next page.

Upload both pages of the completed Certification of Serious Health Condition form through your Paid Leave account or include it with your application.

### ***What happens if the serious health condition changes and I need more leave?***

If the serious health condition changes after you submit this form, please contact us at 833-717-2273 to notify us. A new Certification of Serious Health Condition will be required to extend the duration of leave. Please do not email a new medical certification.

## Instructions for healthcare providers

**Certification of Serious Health Condition Form** (pages 1 and 2) is used to certify a serious health condition to qualify for Paid Family and Medical Leave. Your patient may be applying due to their own serious health condition or the care of a family member with a serious health condition. Qualifying serious health conditions are described below. Answer each question to the best of your medical knowledge, based on your examination of the patient.

**The Certification of Birth Form (last page) is used to document a child's birthdate for parents taking family (bonding) leave following the birth of their child.**

### *What is a serious health condition?*

A "serious health condition" is defined in RCW 50A.05.010, and healthcare providers should review the complete definition before certifying a patient's condition. Generally, a serious health condition could include an illness, injury, impairment, or physical or mental condition that:

**Involves inpatient care:** Inpatient care in a hospital, hospice, or residential medical care facility, including any period of incapacity; or

**Requires continuing treatment by a healthcare provider:** A serious health condition involving continuing treatment by a healthcare provider includes any one or more of the following:

- **Incapacity:** A period of incapacity of more than three consecutive days and subsequent treatment or period of incapacity relating to the same condition. Incapacity means an inability to work, attend school, or perform other regular daily activities because of a serious health condition, treatment of that condition, or recovery from it, or subsequent treatment in connection with such inpatient care.
- **Pregnancy:** Any period of incapacity due to pregnancy, or for a serious health condition involving prenatal care;
- **Chronic conditions:** Any period of incapacity or treatment for such incapacity due to a chronic serious health condition. A chronic serious health condition is one that:
  - Continues over an extended period, including recurring episodes of a single underlying condition;
  - Requires periodic visits to a healthcare provider; and
  - May cause episodic rather than a continuing period of incapacity, including asthma, diabetes, and epilepsy.
- **Permanent/Long-term:** A period of incapacity which is permanent or long-term due to a condition for which treatment may not be effective. The employee or family member must be under the continuing supervision of, but need not be receiving active treatment by, a healthcare provider, including Alzheimer's, a severe stroke, or the terminal stages of a disease; or
- **Multiple treatments:** Any period of absence to receive multiple treatments, including any period of recovery from the treatments.
- Substance abuse may be a serious health condition if the treatment meets other requirements in this definition.

## Certification of Serious Health Condition

**Instructions:** Complete section one of this form, then have your or your family member’s healthcare provider complete section two. Upload the completed form to your Paid Leave account or include it with your application. Please include your name on each page.

<b>Section one: Your information</b>	
<i>To be completed by the person applying for leave before having the healthcare provider complete section two</i>	
<b>Paid Leave Customer ID number (if known):</b>	
<b>Name:</b>	
<b>Date of birth:</b> ____ / ____ / ____	
<b>REASON FOR TAKING PAID FAMILY AND MEDICAL LEAVE</b>	
<input type="checkbox"/> <b>my own serious health condition</b>	
<b>Instructions:</b> Have your healthcare provider complete page 2 of this medical certification, listing yourself as the patient.	
<input type="checkbox"/> <b>medical reasons related to my own pregnancy</b>	
<b>Instructions:</b> Have your healthcare provider complete page 2 of this medical certification, listing yourself as the patient. If you are applying for family (bonding) leave following the birth of a child, you and your healthcare provider should also complete the Certification of Birth form.	
<input type="checkbox"/> <b>care for a family member with a serious health condition</b>	
<b>The family member needing care is my:</b>	
<input type="checkbox"/> Child, son-in-law, daughter-in-law	<input type="checkbox"/> Sibling
<input type="checkbox"/> Spouse or registered domestic partner	<input type="checkbox"/> Grandparent or spouse’s grandparent
<input type="checkbox"/> Parent or spouse’s parent	<input type="checkbox"/> Grandchild
<b>Instructions:</b> Have your family member’s healthcare provider complete page 2 of this medical certification, listing your family member as the patient.	
<b>AUTHORIZATION AND SIGNATURES</b>	
<i>I authorize Paid Family and Medical Leave to use the information on this form to determine my eligibility for paid family or medical leave benefits, and I attest that I am applying for Paid Leave due to my own serious health condition or to take care of a family member with a serious health condition.</i>	
<b>Signature (required):</b>	<b>Date:</b>
<i>If the person applying for benefits is unable to sign this form because of a serious health condition or injury, an authorized representative may sign on their behalf, provided they also submit a Designated Authorized Representative form.</i>	
<b>Authorized representative name:</b>	
<b>Signature:</b>	<b>Date:</b>

Name of person applying for leave: \_\_\_\_\_

**Instructions:** Answer all questions thoroughly and completely. Limit your responses to the condition for which the person applying for Paid Leave is seeking leave. Please ensure that you sign the form.

**Section two: Description of the serious health condition**

*To be completed by a healthcare provider as defined in RCW 50A.05.010*

**Patient's name:** \_\_\_\_\_ **Date of birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Does the patient have a serious health condition?** (as defined in RCW 50A.05.010)

Yes. If yes, provide a brief description of the diagnosis: \_\_\_\_\_

No

**Is the patient pregnant?**

Yes. Expected delivery date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  No

**If yes, is the patient experiencing a pregnancy-related serious health condition?**

*This can include, but is not limited to, severe morning sickness, prenatal complications resulting in bed rest, preeclampsia, infections, or recovery after a cesarean delivery or other postnatal complications.*

Yes  No

**What is the expected duration of the serious health condition?**

*Your answer should be your best estimate, based on your medical knowledge, experience, and examination of the patient. Be as specific as you can; terms such as "unknown" or "indeterminate" may not be sufficient to determine Paid Leave eligibility.*

**Start date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**End date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ or  **Condition is chronic or permanent**

**PROVIDER'S INFORMATION AND CERTIFICATION**

*I declare under penalty of perjury that the information provided in this form is true and correct, that the patient's condition meets the definition of "serious health condition" [RCW 50A.05.010], and that I am a healthcare provider authorized to certify their condition [RCW 50A.05.010; WAC 192-500-090].*

**Signature (required):** \_\_\_\_\_ **Date (required):** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Name and title (required):** \_\_\_\_\_

**Certificate license number and state:** \_\_\_\_\_

**License area/area of practice (required):** \_\_\_\_\_

**Business name (required):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

## Who should use this form?

**Parents applying for bonding leave following the birth of a child.** If you are applying for family leave to bond with your child, you must provide documentation showing your child's date of birth. Documentation can include any one of the following documents:

- A copy of your child's birth certificate,
- A copy of documentation from the hospital showing your child's date of birth, or
- This form completed and signed by a healthcare provider.

**Do not use this form for family leave for adoption, foster care, or other approved placement types.** Visit [PaidLeave.wa.gov](http://PaidLeave.wa.gov) for information on the required documentation for family leave placement.

**Instructions:** Provide the name and date of birth of the parent who gave birth; include their Paid Leave Customer ID number (if known). Provide the other parent's information if they are applying for leave. Have a healthcare provider complete and sign the certification of birth section. Upload the completed form or other documentation to your Paid Leave account(s) or include it with your application(s). Documentation is required for each family leave application.

### Parent's information

*To be completed by the parent(s) applying for leave*

**Information about the parent who gave birth (required):**

**Name:** \_\_\_\_\_

**Date of birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_    **Paid Leave Customer ID number (if known):** \_\_\_\_\_

**Information about the other parent (optional):**

**Name:** \_\_\_\_\_

**Date of birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_    **Paid Leave Customer ID number (if known):** \_\_\_\_\_

### Certification of birth

*To be completed by a healthcare provider as defined in RCW 50A.05.010 to certify the date of birth for the applicant to qualify for family leave under Paid Family and Medical Leave. Please ensure that you sign the form.*

**Child's date of birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_    **Place of birth (city, state):** \_\_\_\_\_

### PROVIDER'S INFORMATION AND CERTIFICATION

*I declare under penalty of perjury that the information provided in this form is true and correct, and that I am a healthcare provider as defined in RCW 50A.05.010.*

**Signature (required):** \_\_\_\_\_    **Date (required):** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Name and title (required):** \_\_\_\_\_

**Certificate license number and state:** \_\_\_\_\_

**License area/area of practice (required):** \_\_\_\_\_

**Business name (required):** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Phone number:** \_\_\_\_\_

**Email address:** \_\_\_\_\_