



## Applying for a Family Health Leave

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For questions and more information about this document, please contact the following:

Leave Department  
[HRLeaves@seattleschools.org](mailto:HRLeaves@seattleschools.org)

We hope this document will provide as much information as possible on what steps to take to apply for a Leave of Absence to care for a family member with a serious health condition. The need for a Leave can be very stressful, and the Leave Department is committed to making that process as informative as possible. This guide provides a lot of information addressing various employee groups, please carefully review the information that is pertinent to you. If you still have questions, make a list of your questions, and then schedule a Teams meeting appointment, or email your questions to your designated Leave Analyst.

# Applying for a Family Health Leave

**The Leave Department Mission:** To compassionately serve the dedicated employees of Seattle Public Schools.

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## Table of Contents

How to Contact the Leave Department .....	2
Who Must Apply for a Leave?.....	3
Sick Leave Usage .....	4
Applying for Shared Leave Donations.....	4
Applying for the Washington State Paid Family Medical Leave (PFML) .....	5
Leave Rights – How long is your job protected?.....	6
How to Apply for a Leave of Absence and Map out your Leave duration .....	9
What Happens to My Health Benefits When I go on Leave?.....	11
What happens To My Paycheck if my Leave of Absence becomes unpaid? .....	12
PFML – Filing Weekly Claims.....	14

## How to Contact the Leave Department

Contacts, forms, and more information about Employee Leave: <https://www.seattleschools.org/departments/hr/leaves/>

Mailing address:

Seattle Public Schools, Human Resources Leave Office

P.O. Box 34165, MS 33-380

Seattle, WA 98124-1165

Fax: 206-252-0021

## Who Must Apply for a Leave?

Employees who are absent from work *more* than 10 days, must apply for a Leave of Absence, even if they have more than 10 days of sick leave. Employees who are absent for 10 days or less, for health or non-health related reasons, do not need to apply for a Leave of Absence, but do need to communicate with their supervisor. For non-health related absences employees must seek approval from their supervisor. Employees who accrue vacation and request vacation that is more than 10 days do not need to apply for a Leave of Absence and must seek approval from their supervisor for the vacation period.

### Reduced FTE Employees and 10 Day Absences

If your FTE is less than 1.0, then your “day” is the hour equivalent to your FTE. Example: .6 FTE is 8 hours X .6 = 4.8 hours a day X 5 days a week = 24 hours per week. Commonly a .6 FTE will work 3 days a week, 8 hours each day = 24 hours for the week. But a .6 FTE employee’s “day” is a 4.8 hour day. Because this employee’s “day” is 4.8 hours, absences that exceed 48 hours (4.8 hours X 10 days = 48 hours) means this employee would need to apply for a Leave of Absence. But this employee works 3 days a week at 8 hours each day, so in this example if the employee is absent more than 6 – 8 hour days (6 X 8 = 48 hours), this employee would need to apply for a Leave of Absence.

Use these charts as a guide:

#### 8 Hour FTE Employees - Certificated, SAEOP, and Non-Represented

FTE	Hours Per Day Employee is staffed in the Payroll system	Hours Worked Per Week	If Employee Works an 8 Hour Day - Days Per Week Worked	Per FTE – Absences of 10 Days Equal the Noted Total Hours	If Employee Works an 8 Hour Day, After Noted Number of Days Absent, Employee Has Missed the Equivalent of 10 Days
1.00	8.00	40.00	5.0	80.00	10.00
0.90	7.20	36.00	4.5	72.00	9.00
0.80	6.40	32.00	4.0	64.00	8.00
0.60	4.80	24.00	3.0	48.00	6.00
0.50	4.00	20.00	2.5	40.00	5.00
0.40	3.20	16.00	2.0	32.00	4.00
0.30	2.40	12.00	1.5	24.00	3.00
0.20	1.60	8.00	1.0	16.00	2.00
0.10	0.80	4.00	0.5	8.00	1.00

#### 7 Hour FTE Employees - Paraeducators

FTE	Hours Per Day Employee is staffed in the Payroll system	Hours Worked Per Week	If Employee Works a 7 Hour Day - Days Per Week Worked	Per FTE – Absences of 10 Days Equal the Noted Total Hours	If Employee Works a 7 Hour Day, After Noted Number of Days Absent, Employee Has Missed the Equivalent of 10 Days
1.00	7.00	35.00	4.4	70.00	10.00
0.90	6.30	31.50	3.9	63.00	9.00
0.80	5.60	28.00	3.5	56.00	8.00
0.60	4.20	21.00	2.6	42.00	6.00
0.50	3.50	17.50	2.2	35.00	5.00
0.40	2.80	14.00	1.8	28.00	4.00
0.30	2.10	10.50	1.3	21.00	3.00
0.20	1.40	7.00	0.9	14.00	2.00
0.10	0.70	3.50	0.4	7.00	1.00

## Sick Leave Usage

Sick Leave can only be used for reasons designated in RCW [49.46.210](#). Sick Leave cannot be used for other purposes, for example, to attend a wedding or take a vacation. When you are on an approved Leave of Absence, you can use your available sick leave for the period of time your doctor states you are disabled from working. You can also use your available personal leave or vacation if your position accrues vacation and personal leave, and if needed, you can also apply for Shared Leave Donations (see the “Applying for Shared Leave Donations” section).

### Per RCW [49.46.210](#) Sick Leave can be used for:

An absence resulting from an employee's mental or physical illness, injury, or health condition; to accommodate the employee's need for medical diagnosis, care, or treatment of a mental or physical illness, injury, or health condition; or an employee's need for preventive medical care;

(ii) To allow the employee to provide care for a family member with a mental or physical illness, injury, or health condition; care of a family member who needs medical diagnosis, care, or treatment of a mental or physical illness, injury, or health condition; or care for a family member who needs preventive medical care; and

(iii) When the employee's place of business has been closed by order of a public official for any health-related reason, or when an employee's child's school or place of care has been closed for such a reason.

(c) An employee is authorized to use paid sick leave for absences that qualify for leave under the domestic violence leave act, chapter [49.76](#) RCW.

## Applying for Shared Leave Donations

**Part I - Employee application to apply for Shared Leave Donations,** <https://www.seattleschools.org/wp-content/uploads/2021/07/Leave-Sharing-Part-I-ADA.pdf>

**Part II - Medical Professional Authorization for Employee to receive Shared Leave Donations,** <https://www.seattleschools.org/wp-content/uploads/2021/07/Leave-Sharing-Part-II-ADA.pdf>

**To be approved for Shared Leave Donations both Part I and Part II must be submitted.**

**Donation form,** for Employees who wish to donate Shared Leave, <https://www.seattleschools.org/wp-content/uploads/2021/07/Leave-Sharing-Transfer-Form-ADA.pdf>

## Leave Sharing Guidelines

Pursuant to RCW 28A.400.380, RCW 41.04.665, Chapter 392-126, and Board Policy 5400, the District has developed the following guidelines to administer its employee shared leave program.

**An employee is eligible to receive shared leave from other District employees under the following conditions:**

- The employee suffers from, or has a relative or household member suffering from an extraordinary or severe illness, injury, impairment, or physical or mental condition; the employee is a victim of domestic violence, sexual assault, or stalking; the employee is sick or temporarily disabled because of pregnancy disability; pursuant to a state of emergency in the United States declared by a state or the federal government the employee has been called to volunteer service; the employee needs the time for parental leave; or the employee has been called to service in the uniformed services, and the above-listed condition(s) have caused or are likely to cause the employee to take leave without pay or terminate his or her employment;
- The employee's absence and use of shared leave are justified;
- The employee has depleted all but 40 hours of annual and 40 hours of sick leave reserves;
- The employee has abided by District rules regarding sick leave use;
- *If applicable:* the employee has diligently pursued and been found to be ineligible for benefits under Chapter 51.32 RCW (workers' compensation);
- The employee may not receive more than 522 days of shared leave for the entire duration of employment.

**The following criteria establish the eligibility to donate annual (vacation) or sick leave:**

- Employees, who accrue annual (vacation) and sick leave, may choose to donate annual leave or sick leave; Employees may donate annual (vacation) leave provided the donation does not cause their annual leave balance to fall below ten days, based on their FTE. The ten days is prorated for part-time employees. Additionally, an employee may not donate excess annual leave (hours in excess of 240) that the employee would not be able to take due to an approaching anniversary date;
- Only the useable portion of annual leave may be donated;
- Employees who donate sick leave must have at least 176 hours of sick leave after the donation is deducted. Both full-time and part-time employees must maintain this amount. The amount is not prorated for part-time.
- Employees may donate their accrued Personal Leave.
- Any donated leave not used by the recipient in connection with the specified and approved illness, or injury, will be returned to the donor.

These guidelines are intended to be a summary of the law contained in Engrossed Substitute House Bill 1434 (effective July 1, 2018) and the contents of HB 1434 controls over this document.

## Applying for the Washington State Paid Family Medical Leave (PFML)

To apply for PAYMENTS from Washington State while you are on a Leave of Absence from Seattle Public Schools do the following: (**IMPORTANT** this section is NOT instructions on how to apply for a Leave from your job). To apply for a Leave of Absence from Seattle Public Schools, to be absent from your job, follow the instructions detailed in this document in the section titled “How to Apply for a Leave of Absence and Map out your Leave duration”.

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

The Leave Department cannot help you apply, approve an employee’s application, answer questions about an employee’s application for PFML payments, help with weekly claim issues, or questions regarding your claim period. If you need help with PFML, you must contact the state directly, their website address is, <https://paidleave.wa.gov>, and their phone number is 833-717-2273.

#### **Below is information on how to apply for PFML payments:**

- To apply for PFML, go to: <https://secureaccess.wa.gov/myAccess/saw/select.do?from=workerslogin>, this is the same location employees use to sign up for health insurance. To fully complete the application, upload a copy of your Driver’s License/or state ID, a copy of the Health Care Provider Certification form the doctor will complete for your Leave of Absence, and your bank information for direct deposit.
  - The state has their own form for your family member’s doctor to complete to apply for PFML. Note that you **cannot** use the WA PFML doctor form to apply for a Leave from the District.
  - You **can** use the District form your family member’s doctor will complete to apply for PFML payments.
- Watch this video that explains the process to apply for PFML, [https://www.youtube.com/watch?v=2Kz4r1J64uQ&list=PLIijH6b5SIYzUBFbEQOMJZZJfO\\_NGaYA&index=2](https://www.youtube.com/watch?v=2Kz4r1J64uQ&list=PLIijH6b5SIYzUBFbEQOMJZZJfO_NGaYA&index=2)
- Once the state approves you (and that can take them a while, about 3 weeks and the Leave Department has no information on your approval and cannot speed up that process) you will have to go in and claim weekly to get paid. If you are approved after your Leave of Absence has started don’t worry you can make weekly claims retroactive to the start of your Leave.
- The state will tell you that they approve you for 12 weeks, and they do, the first week is a waiting week and they do not pay benefits for the waiting week.

**IMPORTANT – PLEASE READ – COLLECTING YOUR SALARY FROM SEATTLE PUBLIC SCHOOLS AND COLLECTING PFML PAYMENTS** – Even if you are fully paid while on Leave by Seattle Public Schools using your own sick or personal leave, vacation, and/or shared leave donations, you can ALSO collect the PFML payments from Washington State on top of the salary Seattle Public Schools pays you. If you would like to be paid BOTH, from Seattle Public Schools and from Washington State, ***when you make your weekly claims with the state, you will be asked specific questions and it is very important that you follow the directions in this document in the section titled “PFML – Filing weekly claims - How to answer the questions asked when filing claims with the Washington State Paid Family Medical Leave (PFML)”.***

- **If you are choosing to be paid by the District and also collect the PFML payments on top of your District pay, the District will record your paid absences and report them to the state as “supplemental”, which allows you**

**to be fully paid by the District and collect the PFML payments on top of your District pay. If you talk to the state it is very important that you tell them that any paid time you receive from the District is recorded and reported as “supplemental”. The PFML law allows you to receive PFML payments if the District classifies your District pay as “supplemental”.**

## **Leave Rights – How long is your job protected?**

Varying union and non-union groups have differing Leave rights and job protected duration. In this section you will find Leave rights and duration listed for each group. What is the same for each group are the Federal Family and Medical Leave Act (FMLA) rights, the process to return to work following a Leave of Absence, and Washington State Paid Family Medical Leave (PFML) rights.

*The District will designate an employee’s Leave of Absence at the very start of the Leave as FMLA and count the Leave toward the employee’s FMLA allotment, if the employee qualifies for FMLA and is off work due to an FMLA qualifying condition. Additionally, employees are required to use their available sick leave while on Leave, unless the employee applies for and is approved to receive PFML payments; or if an employee is applying for Shared Leave donations, an employee can preserve 40 hours of sick leave and of vacation (if the employee accrues vacation).*

### **FMLA Qualification**

All District employees who meet the qualifications for the FMLA will be provided FMLA rights. FMLA protects an employee’s position and employer paid benefits for up to twelve (12) weeks/60 workdays. To qualify for FMLA an employee must have worked for the District for 12 months and over the 12 months immediately preceding the Leave of Absence worked the required 1250 hours.

### **Returning to Work**

In all instances, when an employee is on a Family Health Leave, before returning to work, the employee must notify the Leave Department of intent to return to work and be approved by the Leave Department to return to work.

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

To apply for PFML see the section titled “Applying for the Washington State Paid Family Medical Leave (PFML)”. To be approved for PFML you must have worked 820 hours over the past 12 months to qualify for PFML payments. To qualify for PFML payments and job protected Leave you must have worked 1250 hours over the past 12 months. It is possible to be approved for PFML but not approved for job protected Leave from the District. When claiming PFML payments you have options that can provide you extended Leave rights when you are FMLA qualified.

### FMLA and PFML Run Concurrently - Unpaid by the District

Job Protected Period - Weeks											
1	2	3	4	5	6	7	8	9	10	11	12
FMLA Period - You May Choose to Be Unpaid by the District											
PFML Period - You May Choose to Receive Only PFML Payments from the state											

### FMLA and PFML Run Concurrently - PAID by the District and PAID by PFML

Job Protected Period - Weeks											
1	2	3	4	5	6	7	8	9	10	11	12
FMLA Period - You May Choose to be Paid by the District											
PFML Period - You May Choose to Receive Full District Pay and PFML Payments from the state											

### FMLA and PFML Staggered

Job Protected Period - Weeks												
1	2	3	4	5	6	7	8	9	10	11	12	
FMLA Period - While on FMLA and NOT collecting PFML Payments you must use your available Sick Leave							FMLA Period - You May Choose to be Paid or Unpaid by the District					
							PFML Period - You may choose to be paid from PFML and the District, or be Unpaid by the District and only receive PFML payments from the state					

### SEA Employee Leave Rights

1<sup>st</sup> Year of Leave - SEA employees have a right to take Leave and return to their position during the school year, or reduced year contract period, or 9/1 through 8/31, for the period covered by FMLA (60 workdays), or the employee’s own accrued paid leave (does not include shared leave donations) plus a 25-day unpaid grace period (shared leave counts toward the 25-day unpaid grace period), whichever period is longer.

Any Leave period of 11 days or longer, is considered the employee’s 1<sup>st</sup> year of Leave. If the employee is not able to return, and passes their right to return date during the school year, or reduced year contract period, or the 9/1-8/31 period, the employee will have to remain on Leave for the remainder of the school year or, or reduced year contract period, or until 8/31, but will maintain a right to return to their job for the following school year, or new reduced contract year start date, or 9/1 start.

2<sup>nd</sup> Year of Leave – SEA employees may extend their Leave for a 2<sup>nd</sup> year. If the employee extends their Leave in the 2<sup>nd</sup> year, and the employee is no longer FMLA qualified and/or unpaid and used their 25-day unpaid grace period, the employee must remain on Leave for the duration of the 2<sup>nd</sup> year, the employee’s position will be released, and the employee will be placed in a displaced status, but will maintain a right to return to “a” position for the following school year, or new reduced contract year start date, or 9/1 start. Employees in this situation who wish to return to work during the 2<sup>nd</sup> year, but after their year start date, can apply to any open posted position or apply to be a substitute.

## PASS Employee Leave Rights

### 1st Semester Leave Rights - Leave Begins 1st Semester July/Jan

July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June
Job Protected Leave Period - May return on any day up to <b>June 30</b>											
Job Protected Leave Period - <b>July 1 Return</b> - Must Notify the Leave Department in writing by <b>Feb 1</b> of intended July 1 Return date											

### 2nd Semester Leave Rights - Leave Begins 2nd Semester **Feb/June**

Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June
Job Protected Leave Period - May return on any day up to <b>June 30</b>																
Job Protected Leave Period - <b>July 1 Return</b> - Must Notify the Leave Department in writing by <b>Feb 1</b> of intended July 1 Return date																

**July 1 Return** – To return to work on July 1, in both the 1<sup>st</sup> Semester or 2<sup>nd</sup> Semester Leave scenarios, you must notify the Leave Department in writing of your intent to return on July 1 **no later than February 1**. If you do not notify the Leave Department by February 1, per the collective bargaining agreement, you will not have a right to return to your position, or any other position with the District if you have exhausted your FMLA days.

### Local 302 Employee Leave Rights

Local 302 members have a right to take Leave and return to their position for the period covered by FMLA (60 workdays), or the employee's own accrued paid leave (does not include shared leave donations) plus a 25-day unpaid grace period (shared leave counts toward the 25-day unpaid grace period), whichever period is longer.

If the employee exceeds the FMLA and/or 25-day unpaid grace period and is not able to return to work, their position will be released. The employee can remain on Leave for a maximum of one (1) year following the start of the Leave. If the employee is released to return to work within that maximum one (1) year Leave period, the employee will be considered for the next available comparable position in accordance with the transfer and promotion guidelines of the collective bargaining agreement.

### Other Union Group Employee Leave Rights

All other union groups have a right to take Leave and return to their position for the period covered by FMLA (60 workdays). If an employee does not qualify for FMLA, the employee has no job protected Leave period.

### Non-Represented Employee Leave Rights – New Employees Day 1-365

Newly hired Non-Represented employees during their day 1 through day 365 of employment, have a right to take Leave and return to their position for a period of 60 workdays. This is a non-FMLA qualifying Leave, therefore if the employee is unpaid, and has not worked the required 630 hours for benefit continuation, health benefits will end while on Leave.

### Non-Represented Employee Leave Rights – After 1<sup>st</sup> Year of Employment

Non-Represented employees have a right to take Leave and return to their position for the period covered by FMLA (60 workdays). If a Non-Represented employee after their 1<sup>st</sup> year of employment does not qualify for FMLA, the employee has no job protected Leave period.



# How to Apply for a Leave of Absence and Map out your Leave duration

## IMPORTANT:

- **Working While on Leave:** While on an approved Leave of Absence, you cannot work in any capacity without approval from the Leave Department.
- **Returning to Work:** To return to work and active employment employees on an approved Family Health Leave must notify the Leave Department of intent to return to work and be approved by the Leave Department to return to work.

1. **Start with the calendar for your position.** All work year calendars can be found here, <https://www.seattleschools.org/departments/hr/labor-and-employee-relations/cbas-salary-schedules-work-year-calendars/>
2. Once you have your calendar, **decide what day your Leave will start**, and circle that day.

School Year Calendar 2022-23												
203 Day, Paraprofessional and SAEOP (SAP Calendar U4)												
(work 183 days, 10 paid holidays, 10 paid vacation days, total paid 203 days)												
	Workdays/ Paid Days					Workdays/ Paid Days						
n	Tue	Wed	Thu	Fri		Mon	Tue	Wed	Thu	Fri		
July 2022						January 2023						
				1		#2	3	4	5	6		
	5	6	7	8		9	10	11	12	13		20 W
1	12	13	14	15	0	#16	17	18	19	20		22 P
8	19	20	21	22		23	24	25	26	27		
5	26	27	28	29		30	31					
August 2022						February 2023						
	2	3	4	5			1		>2	3		
3	9	10	11	12	0	6	7	8	9	10		14 W
5	16	17	18	19	0	13	14	15	16	17		15 P
2	23	24	25	26		#20	[21]	[22]	[23]	[24]		
9	30	31				27	28					
September 2022						March 2023						

3. **Log on to ESS** and look at your most recent paycheck for your Leave Balance in the bottom left corner. **DISCLAIMER:** If you have been absent from work and not entered your absences in ESS, or you were recently absent from work and recently entered absences, and those absences have not yet been approved by your supervisor, those used absence hours will not have been deducted from your Leave Balance.

LEAVE BALANCE	YTD
Vacation Leave:	275.91000
Personal Leave:	8.00000
Sick Leave:	653.60680
For additional information please	

4. **Do the math.** If you are a full time FTE certificated or other full-time employee, then divide the hours listed on your paycheck by 8 hours per day. If you are a para educator who works full time, divide by 7 hours per day. If you are an hourly employee, then divide by the hours you generally are assigned to work, like 3.5, or 5 hours.

If you are a reduced FTE (partial FTE) employee, use the FTE guides below to calculate how many paid days you have.

8 Hour FTE Employee

FTE	Hours Per Day
1.0	8.0
0.9	7.2
0.8	6.4
0.7	5.6
0.6	4.8
0.5	4.0
0.4	3.2
0.3	2.4
0.2	1.6
0.1	0.8

7 Hour FTE Employee (Paraeducator)

FTE	Hours Per Day
1.0	7.0
0.9	6.3
0.8	5.6
0.7	4.9
0.6	4.2
0.5	3.5
0.4	2.8
0.3	2.1
0.2	1.4
0.1	0.7

This will give you a good sense of how many “paid” days you have available to you for a Paid Leave\*. Then you can go back to your work year calendar and mark how many paid days you have so you have a good idea of how long you will be paid while on Leave. Absences are not recorded on holidays, weekends, or days on your calendar that are designated as non-workdays, absences are only entered on actual days you go to work for your position.

\*See the section in this document titled “Applying for Shared Leave Donations” for information on Shared Leave Donations.

5. Next you need to **apply to be absent from your job.**

To do so, submit the **online Employee Leave Request form:** <https://sps.i-sight.com/portal>.

This is the form that you complete telling the Leave Department when you will go on Leave, your contact information, if you are applying for PFML and what type of your own accrued paid time you would like to use while on Leave. This form can be completed on-line and emailed back. The form does not need a signature signed with a pen. On the Employee Leave Request form, tell the Leave Department if you are also applying for the Washington State Paid Family Medical Leave (PFML) payments, or not. And, if you are applying for PFML, you also need to tell the Leave Department if you are going to also use your own accrued paid sick or personal leave, or vacation (if you accrue vacation and personal leave), while you are on Leave. The Leave Department needs to know the exact date you are starting your Leave, but if you do not know when your Leave will end, you can just enter TBD (to be determined) for the end date. **IMPORTANT: As soon as you officially notify the Leave Department that you will be taking a Leave of Absence, the Leave Department will notify your immediate supervisor and/or other “need to know” employees such as timekeepers, the Substitute Office, Employment, and higher level supervisors. This notification will only include that you will be on Leave and your Leave duration, your private health information will not be released and will be maintained in a confidential file only accessible to the Leave Department staff.**

6. In order for your Leave to be fully approved, you must also **submit a Family Health Care Provider Certification form** <https://www.seattleschools.org/wp-content/uploads/2022/04/WH-380-F.pdf>. This form is given to your family member’s doctor or other medical or mental health provider licensed to practice in Washington state. The form should then be faxed back to the Leave Department to 206-252-0021 directly from the providers office.

**IMPORTANT CONCERNING LEAVE APPROVAL: The Leave Department needs the Employee Leave Request form as soon as the Employee knows when the Leave will start.** The **Family Health Care Provider Certification form** that the doctor completes sometimes take a few days to be received. The Leave Department watches and monitors for the **Family Health Care Provider Certification form** to arrive and understands it can take some time. **BE ADVISED:**

Until the **Family Health Care Provider Certification form** arrives, to substantiate your reason for Leave, your Leave is not fully approved. If you do not provide the **Family Health Care Provider Certification form** disciplinary action can be imposed. Once both the [Employee Leave Request form](#) and the **Family Health Care Provider Certification form** are received, the Leave Department will send an official Leave letter detailing your Federal Family Medical Leave Act (FMLA) qualification, your Leave periods, paid and unpaid, and documenting the date of you have a right to return to your position.

7. **Absence Recording While on a Leave of Absence:** When you are on an approved Leave of Absence, all of your absences associated with your Leave will be recorded in ESS by the Leave Department. If you are absent before your Leave starts, or after the Leave Department returns you from an approved Leave of Absence, absence recording is your responsibility and you are required to enter your absences timely into Employee Self- Serve (ESS). **Exception: Intermittent Leave. When an employee is on an approved Intermittent Leave of Absence, the employee is responsible for recording their own absences in ESS and noting in the “free text” area in ESS “FMLA”.**
8. **Substitute Coverage:** If your position requires a substitute during your Leave of Absence, work with your Principal and the Substitute Office to obtain coverage and for your absences to be entered into the Frontline Substitute system. Other employees who may need back up while they are off work, but who do not enter absences in the Frontline Substitute system, should work with their immediate supervisor.
9. **Returning from Leave:** In all instances, when an employee is on a Family Health Leave, before returning to work, the employee must notify the Leave Department of intent to return to work and be approved by the Leave Department to return to work.

## What Happens to My Health Benefits When I go on Leave?

Benefits continuation is based on whether you have worked or anticipated to work or be paid for 630 hours in the school year, which begins September 1st and ends August 31st each year. In all circumstances, if you terminate your employment, benefits will end on the last day of the same month in which employment ends. We have outlined three different scenarios that may be applicable:

1. If you have already worked 630 hours when your leave begins, your benefits will continue until August 31st of that school year, unless you terminate employment.
2. If you have not yet worked 630 hours by the date you go on leave or by the date your FMLA status ends, but you anticipate returning to work during the current school year and completing 630 hours of work, then benefits remain in place during your leave.
3. If you have not worked 630 hours before your leave starts or FMLA status ends and are not returning during the school year then benefits will end on the later of the last day of the last month you are paid, or the last day during which your FMLA ends.

### How do I Pay My Portion of Premium While on an Unpaid Leave?

**If your pay ends while you remain benefits eligible, you will still be responsible for paying your portion of the premium.** Since there will be no paycheck from which to withhold your premium, you will receive a letter requesting you pay the premium via check or money order directly to Seattle Public Schools. You can also choose to have the missed premium deducted from your first check after you return to work. Premium request letters will be mailed each month for which you do not have a paycheck sufficient to support your benefits premium deduction.

### How Can I Continue My Benefits After They Would End?

After you lose eligibility and your benefits, end, you will receive a Continuation Coverage offer letter from the Health Care Authority. This will allow you to sign up for up to 29 months of continuation coverage while you are on leave. If you terminate employment, you may sign up for 18 months of continuation coverage through COBRA. When you enroll, you must pay the full premium, retroactive to the date coverage was ended. Premiums for continuation coverage will be provided in your offer letter and are posted on the Health Care Authority’s website.

## What Should I Do When I Return from Leave?

If you did not have a lapse of benefits during your leave, you will not need to do anything about your benefits when you return. However, if your benefits have ended, or if you have enrolled on Continuation Coverage, you must complete new enrollment in SEBB MyAccount within 31 days of your return to work. If you do not re-enroll within the required timeframe, you will be automatically enrolled on the default plans with default premiums and premium surcharges.

### More Questions?

This is just a brief discussion of how benefits are affected during a Leave of Absence. Full information is available by calling the Benefits Helpline at 206-957-7066, or email [benefits@seattleschools.org](mailto:benefits@seattleschools.org).

## What happens To My Paycheck if my Leave of Absence becomes unpaid?

If your Leave were to become unpaid, the following scenarios will happen based on your position. **DISCLAIMER: The examples in this section are generalities to give you a good idea of how unpaid absences or unpaid Leave will affect your paycheck; they are not actual payroll scenarios.**

### Full Year – 260/261 day Employees

Once you become unpaid, you will not receive a paycheck until you return to work. If you were to be unpaid in the middle of a month you will receive a partial paycheck on the 1<sup>st</sup> of the following month, but then no paycheck after that until you return to work.

### Reduced Year Employees – less than 260 days

#### (i.e.: Certificated, Paraeducators, SAEOP and Non-Rep)

Reduced year employees only work designated days but are paid over 12 months. What that means is that reduced year employees are not paid each month what they earn daily; earnings are held back each month to pay such employees over breaks and summer when the employee is not working. The exception to this section is hourly employees, please see “Hourly Paid Employees” in this section.

When a reduced year employee becomes unpaid, the actual value of an unpaid day will be deducted from the employee’s paycheck on the 1<sup>st</sup> of the following month. Reduced year employees who go on unpaid Leave will not receive a paycheck until they return to work during the school year. Or, if a reduced year employee’s Leave of Absence becomes unpaid, and the employee does not return to work until the start of the new school year, (example teachers and paraeducators who do not return until the start of the new school year), **these employees will be paid whatever earnings were held back for summer deferral payments on August 1<sup>st</sup> and September 1<sup>st</sup>. Example, a reduced year employee becomes unpaid April 1<sup>st</sup>. This employee will not receive a paycheck in May, June, and July. This employee will receive summer deferral pay on August 1<sup>st</sup> and September 1<sup>st</sup> for wages earned September 1 through March 31<sup>st</sup> that were held back for summer deferral (see example of how this works for a paraeducator and a certificated employee at the end of this section).**

## Examples of how an Unpaid Absence affects Reduced Year Employees

### Paraeducator Employees on the PA 3 Salary Schedule

Example from 2021-2022 Salary Schedule (Grade 19, Step 5)

Description	Amount
Hourly Salary	\$30.44
Paid Hours Per Day	7.00
Paid Days Per Year	203
Total Annual Salary	\$43,255.24
Paid Monthly (Annual/12 months)	\$3,604.60
<b>What you earn each day you work (hours per day times hourly rate)</b>	<b>\$213.08</b>
<b>Every Unpaid Day you will be deducted from your monthly salary</b>	<b>\$213.08</b>
If your monthly salary is:	\$3,604.60
And each unpaid day equals:	\$213.08
<b>You only have to be unpaid this many days in a month to not receive a paycheck the following month:</b>	<b>17</b>

### Certificated Employees on the Certificated Salary Schedule

Example from 2021-2022 Salary Schedule (Lane 400, Step 5)

Description	Amount
Base Salary	\$63,716.00
Contractual Days	\$1,770.00
Responsibility/Incentive	\$9,629.00
Total Annual Salary	\$75,115.00
Paid Monthly (Annual/12 months)	\$6,259.58
<b>What you actually earn each day you work (annual/180 days)</b>	<b>\$417.31</b>
<b>Every Unpaid Day you will be deducted from your monthly salary</b>	<b>\$417.31</b>
If your monthly salary is:	\$6,259.58
And each unpaid day equals:	\$417.31
<b>You only have to be unpaid this many days in a month to not receive a paycheck the following month:</b>	<b>15</b>

### Example Certificated Employee on Leave and Unpaid April 1 through end of school year

Example from 2021-2022 Certificated Calendar - Employee Works or is on Paid Leave Sept 1 - March 31

Month	Available Workdays	Gross Paycheck	Actual Days Employee Works or is on Paid Leave Employee is on Unpaid Leave as of April 1
Sept	21	1 <sup>st</sup> paycheck for a new school year is paid on Oct 1st	21
Oct	20	\$6,259.58	20
Nov	18	\$6,259.58	18
Dec	13	\$6,259.58	13
Jan	20	\$6,259.58	20
Feb	15	\$6,259.58	15
March	23	\$6,259.58	23
April	16	\$6,259.58	0
May	21	\$0.00	0
June	13	\$0.00	0
July		\$0.00	0
Aug			0
Sept			0
<b>Totals</b>	<b>180</b>	<b>\$43,817.06</b>	<b>130</b>

Salary owed for Each Paid Day (using the salary example from above)	\$417.31
Actual Paid Days Earned	130
Actual Total Salary Earned for 21-22	\$54,250.30
Salary Paid Oct - April	\$43,817.06
Salary owed for summer deferral Aug 1 & Sept 1	\$10,433.24
Summer Deferral Paid Aug 1	\$5,216.62
Summer Deferral Paid Sept 1	\$5,216.62

### Hourly Paid Employees

Once you become unpaid, you will not receive a paycheck until you return to work. If you have any paid hours in your pay period before becoming unpaid you will receive a partial paycheck on the 1<sup>st</sup> of the following month, but then no paycheck after that until you return to work.

## PFML – Filing Weekly Claims

How to answer the questions asked when filing claims with the Washington State Paid Family Medical Leave (PFML)

### Answering Questions if you are NOT claiming for the week.

**Take Action**

- [Apply for Benefits](#)
- [Update Contact Preferences](#)
- [Update Payment Preference](#)
- [Request for Review](#)
- Start Weekly Payment**

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[06/12/2022 - 06/18/2022](#)

You must always check the “consent” box  
If you are NOT claiming for the week select “No”, then submit.

**Provide Weekly Claim Information**

<b>Week Start Date</b>	<b>Week End Date</b>
06/12/2022	06/18/2022

**Before You Begin**

Paid Family and Medical Leave may share and receive information about you (or your claim) with other agencies, departments, or your employers. We may need to verify information you provide and may request additional information as needed.

If you misrepresent yourself, or knowingly withhold information from us, it will be considered fraud. If you provide inaccurate information, we may deny your benefit application or require that you pay back benefits you were given. You could face fines or criminal prosecution.

I consent to the disclosure of my information and agree to answer the application questions truthfully.

**Do you want to receive Paid Leave benefits for this week?\*** ⓘ

Yes  No

You have reached the end of your weekly claim questions. Review your answers and hit 'Submit' to file your weekly claim.

Once you submit, you will receive this message that you are done, you can then exit out of the system, unless you have more weeks to go through.

**Weekly Claim Submission Confirmation**

Thanks for submitting your weekly claim. If you need to make a correction, call the Customer Care Team at 833-717-2273.

If you need to make other changes, select the claim from your homepage and submit a Request for Review.

## Answering Questions if you are YES claiming for the week.

**Take Action**

- [Apply for Benefits](#)
- [Update Contact Preferences](#)
- [Update Payment Preference](#)
- [Request for Review](#)
- Start Weekly Payment**

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[06/12/2022 - 06/18/2022](#)

You must always check the “consent” box.

Then select “Yes” you are claiming for the week, and you will see that additional questions are then asked.

**Provide Weekly Claim Information**

Week Start Date	Week End Date
06/19/2022	06/25/2022

**Before You Begin**

Paid Family and Medical Leave may share and receive information about you (or your claim) with other agencies, departments, or your employers. We may need to verify information you provide and may request additional information as needed.

If you misrepresent yourself, or knowingly withhold information from us, it will be considered fraud. If you provide inaccurate information, we may deny your benefit application or require that you pay back benefits you were given. You could face fines or criminal prosecution.

I consent to the disclosure of my information and agree to answer the application questions truthfully.

**Do you want to receive Paid Leave benefits for this week?\***

Yes  No

Question 1. “No”

Question 2. “No” (Employees who are collecting Workers’ Compensation are not eligible for PFML payments. If you are collecting Workers’ Compensation you should not be filing PFML claims)

Question 3. “No” if you were off the entire week and not working. If you were off a partial week answer “Yes”, and then enter the hours you worked, one day 8 hours, two days 16 hours, etc.

Answer the question: Did you miss 8 consecutive hours this week? “Yes” (if you have been approved for PFML and your regular hours per day are less than 8 hours, and you were off a full day, answer “Yes” to this question).

### Provide Weekly Claim Information

<b>Week Start Date</b>	<b>Week End Date</b>
06/19/2022	06/25/2022

#### Before You Begin

Paid Family and Medical Leave may share and receive information about you (or your claim) with other agencies, departments, or your employers. We may need to verify information you provide and may request additional information as needed.

If you misrepresent yourself, or knowingly withhold information from us, it will be considered fraud. If you provide inaccurate information, we may deny your benefit application or require that you pay back benefits you were given. You could face fines or criminal prosecution.

I consent to the disclosure of my information and agree to answer the application questions truthfully.

**Do you want to receive Paid Leave benefits for this week?\*** ⓘ

Yes  No

#### Questionnaire

**1. Did you (or will you) receive Unemployment Insurance benefits for this week?\***

Yes  No

**2. Were you (or will you be) paid for this week by Labor & Industry's Workers' Compensation or by your employer's private insurer for an on-the-job injury?\***

Yes  No

**3. Did you work at all this week?\***

Yes  No

**How many hours did you work?\***

**Did you miss at least 8 consecutive hours of work this week?\*** ⓘ

Yes  No

Question 4. **IMPORTANT** always answer “No”, even if you are being paid sick leave, personal leave, shared leave, or vacation by the District. You do not report these hours, if you do, they will deny your weekly claim. The District reports your paid hours as “supplemental” so you do not have to report these hours.

**4. Did you use any paid time off from your employer, like vacation or sick leave?\***

Yes  No

You have reached the end of your weekly claim questions. Review your answers and hit "Submit" to file your weekly claim.

Cancel
Submit

If you did answer “Yes” on question 4 the box pictured below will open. You can read below it states if your employer designates the hours as “supplemental” you do not report them. If you have chosen to be paid by the District while collecting PFML payments the Leave Department reports your hours to the state as “supplemental” that is why you always answer question 4 as “No”. If you accidentally selected “Yes”, change it to “No”.



4. Did you use any paid time off from your employer, like vacation or sick leave?\*

Yes  No

How many hours of paid time off did you use?\*

What to report?

Paid Leave benefits provide a portion of your weekly pay. Some employers allow workers to use paid time off to get the rest of their weekly pay, we call this "supplemental benefits."

- Check with your employer to see if they allow supplemental benefits.
- If you are using paid time off as a supplemental benefit, don't report those hours here.

You have reached the end of your weekly claim questions. Review your answers and hit 'Submit' to file your weekly claim.

Cancel

Submit

Once you submit your weekly claim you will receive the message below that you are done, you can then exit out of the system, unless you have more weeks to go through and claim. If you answered a question incorrectly and you have "submitted" your claim for the week, the only way you can correct your incorrect response is by calling the state at 833-717-2273. The Leave Department cannot help you correct incorrectly submitted answers.

**Weekly Claim Submission Confirmation**

Thanks for submitting your weekly claim. If you need to make a correction, call the Customer Care Team at 833-717-2273.

If you need to make other changes, select the claim from your homepage and submit a Request for Review.

Done