

Employee Paid Sick Leave Notification

Employer's Copy

You are entitled to accrue paid sick leave beginning January 1, 2018. This leave will accrue at one (1) hour of paid sick leave for every 40 hours you work.

You may use this accrued paid sick leave for the following reasons:

- To care for yourself or a family member (please refer to the Employee Policy Manual or RCW 49.46.210(2) for a full list of the eligible family members).
- When you or a family member is the victim of sexual assault, domestic violence, or stalking.
- In the event our business or your child's school or place of care is closed by a public official for any health-related reason.

_____ year is _____ to _____
Company Name

A minimum of 40 hours of unused, accrued paid sick leave will be carried over to the next year.

Accrued, unused leave over 40 hours will be _____
Employer may cash out, forfeit, or offer a more generous carryover.

You may use accrued paid sick leave beginning 90 calendar days after the start of your employment.

_____ Employee's Signature _____ Date
Print Employee's Name

Retaliation for using paid sick leave for authorized purposes is prohibited.

Copy: Employee's File

F700-191-000 Employee Paid Sick Leave Notification 10-2017

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Employees need to have been employed at least 90 days to use earned paid sick leave.

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Copy: Employee

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