

Verification for Absences Exceeding Three Days

If an employee is seeking to use or has used paid sick leave for authorized purposes for more than three (3) consecutive days during which the employee is/was required to work, the employee may be required to provide verification that establishes or confirms that the use of paid sick leave is for an authorized purpose.

When an employee or the employee's family member is sick for more than three (3) consecutive days for which the employee is required to work, acceptable verification may include:

- A doctor's note or a signed statement by a health care provider indicating that the use of paid sick leave is necessary to take care of the employee or an employee's family member; or
- A written or oral statement from the employee indicating that the use of paid sick leave is necessary to take care of themselves or a family member.

When an employee or the employee's family member has been a victim of domestic violence, sexual assault or stalking, the employee's choice of any of the following documents, or any combination thereof, satisfy this verification requirement:

- A written statement that the employee or an employee's member is a victim of domestic violence, sexual assault, or stalking, and that the leave was taken to address related issues.
- A police report indicating that the employee or the employee's family member was a victim of domestic violence;
- Evidence from a court or prosecuting attorney showing that the employee or the employee's family member appeared, or is scheduled to appear, in court in connection with an incident of domestic violence, sexual assault, or stalking;
- A court order of protection;
- Documentation from any of the following persons from whom an employee or an employee's family member sought assistance in addressing the domestic violence situation indicating that the employee or the employee's family member is a victim:
 - An advocate for victims of domestic violence, sexual assault, or stalking;
 - An attorney;
 - A member of the clergy; or
 - A medical professional.

When an employee is absent due to the closure of the employee's child's school or place of care by a public official due to health-related reasons:

- Notice of closure by a public official that the employee received regarding employee's child's school or place of care.

Verification must be provided to your employer within [**Employer's option, but can be no less than 10**] calendar days of the first day an employee used paid sick leave to care for themselves or a family member.

Please note:

- You are not required to provide any details concerning the specific nature of the health condition in order to use paid sick leave, unless otherwise required by law.
- Any information you provide will be kept confidential.

Unreasonable Burden or Expense for Verification

If an employee believes obtaining verification for use of paid sick leave would result in an unreasonable burden or expense, please contact **[insert point of contact]** orally or in writing.

Indicate that your absence is for an authorized purpose and explain why verification would result in an unreasonable burden or expense for you.

- If you choose to put this in writing:
 - You can complete the *"Employee Verification of Authorized Use of Paid Sick Leave"* Form; or
 - You can send an e-mail to your **[insert point of contact]**.

Within ten (10) calendar days of receiving your request, **[insert point of contact]** will work with an employee to identify an alternative for the employee to meet the verification requirement in a way that does not result in an unreasonable burden or expense.

- Possible options may include, but are not limited to:
 - Company-provided transportation;
 - Sharing the cost of getting a note from a medical provider;
 - Providing a note of explanation in lieu of other forms of verification; or
 - Exempting you from the verification requirement based on your explanation

The company may choose not to pay an employee for paid sick leave taken in excess of three (3) consecutive days until verification is provided.

An employee has the right to contact **[insert point of contact]** if the employee believes the proposed alternative still results in an unreasonable burden or expense.

If an employee is not satisfied with **[Company Name]** alternatives, they may consult with the Washington State Department of Labor and Industries.

Online: www.Lni.wa.gov/WorkplaceRights

Call: 1-866-219-7321, toll-free

Visit: www.Lni.wa.gov/Offices

Email: ESgeneral@Lni.wa.gov

Employee Verification for Authorized Use of Accrued Paid Sick Leave

Per the employee policy concerning use of paid sick leave for more than three (3) consecutive days I am/and/or was required to work, I am providing verification that establishes or confirms my use of paid sick leave is/was for an authorized purpose.

I am providing the following documentation:

- Health care provider documentation (attached)
- A written statement indicating that the use of paid sick leave is/was necessary to take care of myself or a family member (attached)
- Domestic Violence/Sexual Assault/Stalking documentation attached (see the paid sick leave policy for the list of acceptable documentation)
- Child school/place of care of "Notice of Closure" (attached)

I, _____, attest that I used accrued paid sick leave
Employee's Name
 for at least one of the authorized reasons on the following date(s):

Date	Shift Type	Start Time	End Time	Total Hours Requested
	<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	
	<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	
	<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	
	<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	
	<input type="checkbox"/> Full <input type="checkbox"/> Partial	<input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> am <input type="checkbox"/> pm	

I understand that knowingly providing false information about the use of accrued paid sick leave could result in discipline, including dismissal.

OR

- I do not have any the requested documentation listed above and to provide it would be an unreasonable burden and/or expense.

Providing this is an unreasonable burden or expense for the following reason:

 Employee's Signature

 Date

To Be Completed to the Employer

- Approved By: _____ Date: _____
- Denied By: _____ Date: _____

If denied, reason: _____

- Company will provide: (Examples include, but are not limited to: Transportation to a healthcare provider, sharing the cost of the medical provider visit to obtain verification, etc.).