Employee Paid Sick Leave Benefits Notification

You are entitled to accrue paid sick leave beginning January 1, 2018 or **for employees hired after January 1, 2018, insert date of start of employment here**.. This leave will accrue at one (1) hour of paid sick leave for every 40 hours you work.

You may use this earned paid sick leave for the following reasons (as outlined at [RCW 49.46.210](http://app.leg.wa.gov/rcw/default.aspx?cite=49.46.210)(1)(b) and (c)):

* To care for yourself or a family member;
* When you or a family member is the victim of sexual assault, domestic violence, or stalking; and
* In the event our business or your child’s school or place of care is closed by order of a public official for any health-related reason.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **insert** | accrual year is | **insert** | to | **insert** |
| Company Name |  |  |  |  |

|  |  |
| --- | --- |
| Accrued, unused paid sick leave balances of 40 hours or less will be carried over to the following year. | |
| Accrued, unused paid sick leave over 40 hours will be | **insert** |
|  | Employer may cash out, require the employee to forfeit the paid sick leave, or offer a more generous carryover. |

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

Retaliation against your by **company name** for using paid sick leave for authorized purposes, or for the exercise of any rights under the Minimum Wage Act (Chapter [49.46](http://app.leg.wa.gov/rcw/default.aspx?cite=49.46) RCW), is prohibited.

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|  |  |  |  |  |
| Print Employee’s Name |  | Employee’s Signature |  | Date |

F700-191-000 Employer Notification of Paid Sick Leave Benefits 01-2018 Copy: Employer

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| --- | --- | --- | --- | --- |
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|  |  |  |  |  |
| Print Employee’s Name |  | Employee’s Signature |  | Date |

Copies: Employee