*Sample Policy*: **Verification** ([WAC 296-128-660](http://www.lni.wa.gov/rules/AO17/02/1702Proposal.pdf) *– Verification for absences exceeding three days*)

## Verification for Absences Exceeding Three Days

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

## For care of the employee or the employee’s family member, acceptable verification may include:

* A written or oral statement from the employee indicating that the use of paid sick leave is necessary to care for the employee or their family member for an authorized purpose;
* A doctor’s note or a signed statement by a health care provider indicating that the use of paid sick leave is for care of the employee or their family member for an authorized purpose; or
* Other documentation demonstrating that the employee’s use of paid sick leave is for care of the employee or their family member for an authorized purpose.

Verification must be provided to **[company name]** 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.

## 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 one or more of the following documents satisfies 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, sexual assault, or stalking;
* 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.

Verification must be provided in a timely manner. In the event that advance notice of the leave cannot be given because of an emergency or unforeseen circumstances due to domestic violence, sexual assault, or stalking, verification must be provided to the employer within a reasonable time period during or after the leave.

## In the event our business, or the employee’s child’s school or place of care, is closed by order of a public official for any health-related reason, acceptable verification may include:

* Written notice of closure by order of a public official that the employee received regarding the employee’s child’s school or place of care.
* **[Additional options]**

Verification must be provided to **[company name]** within **[employer’s option, but can be no less than 10]** calendar days of the first day an employee used paid sick leave for such purpose.

## For any verification required, please note:

* The employee is 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 the employee provides will be kept confidential.

## Unreasonable Burden or Expense for Verification

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

The employee must indicate that the absence is for an authorized purpose, and explain why verification would result in an unreasonable burden or expense on the employee.

* If an employee chooses to put this in writing, options for doing so include, but are not limited to:
	+ Completion of the *Employee Verification of Authorized Use of Paid Sick Leave* form; or
	+ Sending an e-mail to **[insert point of contact]**.

Within 10 calendar days of receiving the employee’s request, **[insert point of contact]** will work with the 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 the employee from the verification requirement based on the explanation provided.

The **[company name]** may choose not to pay an employee for paid sick leave taken for such absences 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 & Industries.

Online: [www.Lni.wa.gov/WorkplaceRights](http://www.Lni.wa.gov/WorkplaceRights)

Call (toll-free): 1-866-219-7321

Visit: [www.Lni.wa.gov/Offices](http://www.Lni.wa.gov/Offices)

Email: ESgeneral@Lni.wa.gov