



## Mount Vernon School District No. 320 **Paid Sick Leave Law (Initiative 1433)**

In November, 2016, Initiative 1433 was passed by Washington voters which requires employers to provide nonexempt employees with paid sick leave beginning January 1, 2018. Paid sick leave is now a benefit available to newly eligible employees to care for their health and the health of their families.

### **Eligibility and Accrual**

Non-contracted certificated and classified substitute (on-call) employees, hourly employees not previously eligible to accrue sick leave and supplemental contracted extra/co-curricular coaches/advisors are entitled to accrue paid sick leave beginning January 1, 2018. Paid sick leave will accrue at the rate of one (1) hour paid sick leave for every forty (40) hours worked. Employees using sick leave will be compensated at the rate of pay associated with the assignment(s) from which the employee is absent. Paid sick leave hours will not count towards the calculation of overtime.

Each September, up to forty (40) hours of unused, accrued paid sick leave may be carried over to the next school year. Accrued, unused leave over 40 hours will be forfeited.

### **Usage**

Eligible classified and certificated substitute employees who have accepted an assignment and required to work are entitled to use accrued paid sick leave beginning on the 90<sup>th</sup> calendar day after the start of their employment. Sick leave must be used in full or half-day increments by certificated substitutes; classified substitutes may take sick leave in hourly increments.

Classified extra/co-curricular coaches/advisors are entitled to use accrued paid sick leave beginning on the 90<sup>th</sup> calendar day after the start of their employment. Coaches/advisors may take sick leave in hourly increments.

Paid sick leave may be used for the following purposes:

- The employee's mental or physical illness, injury or health condition, including medical diagnosis, care, or treatment, or the employee's need for preventive medical care;
- To allow the employee to care for a family member\* with a mental or physical illness, injury or health condition, including medical diagnosis, care, or treatment, or to care for a family member who needs preventive medical care;
- Closure by order of a public official for any health-related reason of the employee's work location or the employee's child's school/place of care; or
- If the employee or the employee's family member is a victim of domestic violence, in accordance with state law, chapter 49.76 RCW.

\*Family member is defined as a child (including biological, adopted, foster, step, in loco parentis, de facto, or legal guardian), parent (including biological, adoptive, de facto, or foster parent, stepparent, or legal guardian of an employee or the employee's spouse or registered domestic partner, or a person who stood in loco parentis when the employee was a minor child), spouse, registered domestic partner, grandparent, grandchild, sibling.

**Employee Responsibilities**

- Verify available sick leave balance (monthly pay warrant or contact Payroll Office)
- **Eligible substitute employees** must report their absence (foreseeable and unforeseeable) to the Substitute Coordinator as soon as possible before the required start of the employee’s shift assignment.
- **Eligible extra/co-curricular coaches/advisors** must report their absence (foreseeable and unforeseeable) to their Supervisor as soon as possible before the required start of their coaching assignment.
- Complete the **Employee Notice for Use of Paid Sick Leave** form and submit to the Human Resources Department as soon as possible.

**Additional Information**

Employees will be notified of their accrued sick leave hours, sick leave hours used, and current sick leave hours available for use on monthly pay warrants.

If a substitute employee or coach separates from employment, there will not be a cashout or other reimbursement to the employee for accrued, unused paid sick leave at the time of separation. If a substitute employee or coach separates from employment and is rehired by the District within twelve (12) months after the date of separation, accrued/unused paid sick leave will be reinstated.

If/when a substitute or coach is employed in a regular contracted assignment, the accrued sick leave balance will be available for use per the respective collective bargaining agreement.

There will be no retaliation against an employee for lawful exercise of his/her paid sick leave rights. If an employee believes he/she believes is being retaliated against for such use, the employee should report the concern to Human Resources.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

Legal references:

- RCW 49.46.200 through 210
- WAC 296-128-600 through 770
- RCW 28A.400.300



# Employee Notice for Use of Paid Sick Leave

|               |             |                |
|---------------|-------------|----------------|
| Employee Name | Employee ID | Date Submitted |
|---------------|-------------|----------------|

Please fill out and return this form to **Human Resources** by the date specified in the table directly below.

| Reason for Paid Sick Leave Use  | Foreseeable or Unforeseeable? | Form Required By   |
|---|-------------------------------|--|
| To care for yourself or a family member, or because your child's school or place of care is closed by order of a public official for any health-related reason. | Unforeseeable                 | Please complete this form upon your return from using paid sick leave.   |
| To care for yourself or a family member, or because your child's school or place of care is closed by order of a public official for any health-related reason. | Foreseeable                   | Please complete this form at <b>not more than 10</b> days, or as early as practicable, before the first day paid sick leave is used. |
| To address issues related to you or your family member being a victim of domestic violence, sexual assault, or stalking.  | Unforeseeable                 | Please complete this form upon your return from using paid sick leave.   |
| To address issues related to you or your family member being a victim of domestic violence, sexual assault, or stalking.  | Foreseeable                   | Please complete this form as soon as possible before using paid sick leave for such reason.  |

I am providing notification of my use of paid sick leave for the following date(s) and time(s):

| Date | Certificated Sub  | Classified Sub/Coach | Start Time       | End Time         | Total Hours |
|------|---|----------------------|------------------|------------------|-------------|
|      | <input type="checkbox"/> Full <input type="checkbox"/> Half-day | No./Hours_____       | ___ am or ___ pm | ___ am or ___ pm |             |
|      | <input type="checkbox"/> Full <input type="checkbox"/> Half-day | No./Hours_____       | ___ am or ___ pm | ___ am or ___ pm |             |
|      | <input type="checkbox"/> Full <input type="checkbox"/> Half-day | No./Hours_____       | ___ am or ___ pm | ___ am or ___ pm |             |
|      | <input type="checkbox"/> Full <input type="checkbox"/> Half-day | No./Hours_____       | ___ am or ___ pm | ___ am or ___ pm |             |
|      | <input type="checkbox"/> Full <input type="checkbox"/> Half-day | No./Hours_____       | ___ am or ___ pm | ___ am or ___ pm |             |

Documentation is attached (if necessary) for use of paid sick leave for more than three (3) consecutive days for which I was required to work.

Employee's Signature \_\_\_\_\_

Date \_\_\_\_\_

## To Be Completed to the Employer

Date Received by HR:

Paid Sick Leave Hours Used:

Remaining Balance:

Comments:

Paid Sick Leave Hours Deducted:

Pay Issue Amount:

Pay Date: