

Paid Leave Small Business Assistance Grants - Temporary Employee Payroll Form Instructions

Use this form if you added a temporary employee to your payroll due to an existing employee's use of Paid Family and Medical Leave and

- you have incomplete payroll records, and
- your employee count is 50 to 150.

This form is not needed:

- if the temporary employee you hired is included in your payroll records (including their name, hire date, SSN/ITIN), OR
- your employee count is under 50.

How to submit this form

Upload: Log in to your employer account at secureaccess.wa.gov

Haven't applied for a grant yet? Upload this completed form when applying for a grant online.

Already submitted your grant application? Navigate to your grant application and upload this completed form online.

Fax: 833-535-2273

Mail: Employment Security Department
Paid Family and Medical Leave
P.O. Box 19020
Olympia, WA 98507-0020

Questions

You can read more about small business assistance grants on our website at paidleave.wa.gov/small-businesses.

If you have questions, please contact us at 833-717-2273 or email paidleave@esd.wa.gov. To get your email to the right team, include "UBI" followed by your 9-digit UBI number or "BUSINESS" followed by your business name in the subject line. We are available Monday through Friday between 8:30 a.m. and 4:30 p.m.

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Complete the required information (*) requested below.

Business information	
Legal business name* :	
Unified Business Identifier number (UBI)* :	
Employee on Paid Leave	
First name* :	Last name* :
Grant number (optional) :	
Temporary employee information	
First name* :	Last name* :
SSN or ITIN* :	
Date first worked (Month/Day/Year)* :	Date last worked (Month/Day/Year)* :
Attestation and signature	
<p>By signing below, I certify under penalty of perjury that:</p> <ul style="list-style-type: none"> • all the information included on this form is true and accurate. • I am the business owner or officer duly authorized to represent this account. • I attest to having hired a temporary worker or incurred other significant wage-related costs due to an employee's use of family or medical leave. The law that applies is RCW 50A.24.030(2)(a). 	
Signature* :	Date signed* :
Printed name* :	Title :
Email address :	Phone number :

The Employment Security Department is an equal opportunity employer/program. Auxiliary aids and services are available upon request to individuals with disabilities. Language assistance services for limited English proficient individuals are available free of charge. Washington Relay Service: 711