

Paid Leave Small Business Assistance Grants – Temporary Employee Payroll Form

Use this form only if you have limited or missing payroll records *and* you added a temporary employee to your payroll to replace an existing employee on approved paid family or medical leave.

When to complete this form

To be eligible for a grant, you must provide the department with written documentation showing the temporary worker hired or significant wage-related costs incurred are due to an employee's use of family or medical leave. If you have incomplete payroll records you may complete the following form and provide it to us for review.

If your personnel records show you hired the temporary employee (including name, hire date, SSN), you do not need to complete this form.

How do I submit the form?

Emailed documents will not be accepted. Please send the form and supporting documentation by fax or mail to the department for review.

- **Haven't applied for a grant yet?** Complete all sections of the form and upload it with your grant application online. Include any supporting payroll documentation you do have for the temporary hire. To log into your account visit paidleave.wa.gov.
- **Already completed your application?** Complete all sections of the form and attach any supporting payroll documentation you have for the temporary hire. Then, fax to 833-525-2273, or mail to:

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

Be sure to write your business name, UBI number and small business assistance grant number (if you have received one) on all pages of the documentation you provide.

Questions?

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

Please contact us if you have questions. We are available Monday-Friday from 8:30 a.m. – 4:30 p.m. at 833-717-2273 or paidleave@esd.wa.gov.

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Use this form if you have limited or missing payroll records *and* you added an employee to your payroll temporarily to replace an existing employee on leave. Please complete this form and fax or mail it to the address listed below.

Your contact information	
Legal business name:	
UBI number:	
Grant number (if you have received one):	
Contact person's name (first and last):	
Phone number:	
Email address:	
Temporary employee information	
Temporary employee name (first and last):	
Temporary employee Social Security number:	
Date temporary employee first worked (MM/DD/YY):	
Date temporary employee last worked, if applicable (MM/DD/YY):	
Name of employee on Paid Leave: (first and last):	
What is the total payroll cost your business incurred due to the hire of this temporary employee? <i>Attach any documentation you have to show these costs (such as timesheets, check stubs, etc.).</i>	
<i>I certify under penalty of perjury that all the information included on this form is true and accurate and I understand that information involving the investigation and determination is to be made available to all interested parties (RCW 50A.40.020).</i>	
Signature:	Date:
Printed name:	Title:
Mail or fax to: Employment Security Department, Paid Family and Medical Leave Care Center PO Box 19020 • Olympia, WA 98507-0020 • Fax: 833-525-2273	

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