Washington
Paid Family & Medical Leave
Employment Security Department

# Application for Paid Family and Medical Leave

## Before you begin

When you apply for benefits online, you can choose how to submit your weekly benefit claims (online or over the phone) and how to receive your benefit payments (direct deposit to your bank account or on a prepaid debit card). When you apply for benefits with a paper application, you are limited to:

1. Submitting weekly benefit claims over the phone by calling 833-717-2273.
2. Receiving your benefit payments on a prepaid debit card.

If you would like to file your weekly claims online or receive your benefit payments through direct deposit, you must submit your application online. Go to www.paidleave.wa.gov for more information.

The Paid Family and Medical Leave Benefit Guide provides information on how to apply for benefits and submit weekly claims. It also explains your rights and responsibilities under the law. Download the guide at www.paidleave.wa.gov/benefit-guide or request a copy by calling 833-717-2273.

## Submitting your application

Mail your completed application, copies of your identifying documents, and any other supporting documents (certification of a serious health condition, designated authorized representative form, etc.) to:

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

## Questions?

If you have questions, please contact us at 833-717-2273 or email paidleave@esd.wa.gov. We are available Monday through Friday between 8:30 a.m. and 4:30 p.m.

# 带薪探亲假和病假申请

## 事前须知

当您在线申请有关福利时，您可选择如何提交每周福利申请（在线或通过电话），以及如何接收您的福利付款（直接存入您的银行账户或在预付费的借记卡上接收）。在您已纸质申请书申请福利时，您仅可：

1. 致电 833-717-2273 来提交每周福利申请。
2. 在预付费的借记卡上接收福利付款。

若您想要在线提交每周申请，或通过直接存入银行账户的方式来接收福利款项，您必须在线提交福利申请表。如需了解更多信息，请前往 www.paidleave.wa.gov。

《带薪探亲假和病假福利指南》(Paid Family and Medical Leave Benefit Guide) 提供了关于如何申请福利和提交每周申请的信息。该指南也解释您在法律项下的权利与义务。请在 www.paidleave.wa.gov/benefit-guide 下载该指南，或致电 833-717-2273 来请求提供副本。

## 提交您的申请

请将您填妥的申请表、您的身份识别文件副本和任何其他支持文件（严重健康状况证明、指定授权代表表格等）邮寄至：

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

## 是否有疑问?

如有疑问，请拨打 833-717-2273 或发送电子邮件至 paidleave@esd.wa.gov 联系我们。您可在星期一至星期五上午 8:30 至下午 4:30 联系我们。

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# Benefit application instructions

## *Personal and contact information section*

Provide your name, Social Security (SSN), birthdate and contact information. The address you provide is where we will mail your prepaid debit card and other correspondence.

## *Employment information section*

We'll use the information you provide to confirm you've worked enough hours to be eligible for leave.

- Employer name. The name of the business or organization you worked for.
- Unified Business Identifier (UBI) or Federal Employer Identification Number (FEIN). Find your employer's UBI by asking them for it, or by using the UBI look-up tool on the Department of Revenue's website (www.DOR.wa.gov).
- Employment start and end dates. If they're your current employer, leave the end date blank and check the box to indicate they're your current employer.

## *Leave information section*

We'll ask for information about your leave request, including the type of leave you're requesting (medical, family, bonding after birth or placement of a child, or military exigency) and your expected start and end dates.

## *Can someone else complete this form for me?*

You can authorize another individual to act on your behalf for the purposes of Paid Family and Medical Leave benefits. To do this, complete the Designated Authorized Representative form. Contact us at 833-717-2273 to get a copy of the form.

## *Reasonable accomodation or assistance*

If you need a reasonable accommodation or other assistance to help you interact with our program, please let us know. Requests are handled through the Office of the Paid Family and Medical Leave Ombuds. To request an accommodation, email PFMLaccess@esd.wa.gov or call 833-494-2273, Washington Relay Service 711.

# 福利申请说明

## *个人和联系信息部分*

请提供您的姓名、社会保障号码 (Social Security Number, SSN)、出生日期和联系信息。您提供的地址该是我们向您寄出预付费借记卡和其他信函的地址。

## *就业信息部分*

我们会将您提供的信息用于确认，您是否有符合休假资格的足够工时数。

- 雇主名称。您所服务的企业或组织的名称。
- 统一商业识别码 (Unified Business Identifier, UBI) 或联邦雇主识别号 (Federal Employer Identification Number, FEIN)。请询问您的雇主，或在州税局 (Department of Revenue) 网站 (www.DOR.wa.gov) 上使用 UBI 查找工具，来找出您雇主的 UBI
- 入职和离职日期。如果是您当前的雇主，请将离职日期留空，并在表明其为您当前雇主的方框内打勾。

## *休假信息部分*

我们会要求提供关于您的休假请求的信息，包括您所请求的休假类别（生病、探亲、在子女出生后或安置后建立关系或军事要求）和您的预期开始和结束日期。

## *其他人是否可以帮我填写本表格?*

您可授权另一个为带薪探亲假和病假福利而代您行事。为此，请填写指定授权代表 (Designated Authorized Representativ) 表格。请致电 833-717-2273，来获取该表格的副本。

## *合理调整或协助*

如果您需要合理调整或其他协助才能参与我们的项目，敬请告知。申请将由带薪探亲假和病假监察办公室 (Office of the Paid Family and Medical Leave Ombuds) 予以处理。要申请调整，请发送电子邮件至 PFMLaccess@esd.wa.gov，或致电 833-494-2273。

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# Benefit application 福利申请

| To apply, provide the required information (*) requested below. | 要想申请，请提供下方要求的必要信息 (*)。 |
|---|---|

## Personal information | 个人信息

| **First name* | 名字*:** | **Middle initial | 中间名缩写:** |
|---|---|
| **Last name* | 姓氏*:** | |
| **SSN or ITIN | SSN 或 ITIN):** | **Date of birth* | 出生日期*:** |
| **Phone number* | 电话号码*:** | |
| **Email address | 电子邮箱地址：:** | |

**Preferred contact method* | 首选联系方式* :**

- ☐ Phone | 电话
- ☐ Email | 电子邮件
- ☐ Mail | 邮件

**Can we leave a detailed voicemail message at the phone number you provided?* | 是否可以通过您提供的电话号码预留详细的语音信息？ ***

☐ Yes | 是 No | 否

**What is your preferred language?* | 您的首选语言是？ ***

☐ Chinese | 中文 ☐ English | 英语

**If Chinese, what is your preferred dialect? | 如为中文，您的首选地方语是什么？**

- ☐ Simplified - People's Republic of China | 简体中文 - 中华人民共和国
- ☐ Traditional - Hong Kong | 繁体中文 - 中国香港地区
- ☐ Taiwan | 台湾
- ☐ Other. If other, what is your preferred language and dialect? | 其他。如果是其他语言，您的首选语言和地方语是？ _____

| **Mailing address* | 邮寄地址*:** | |
|---|---|---|
| **City* | 城市*:** | |
| **State* | 州*:** | **Zip Code* | 邮政编码*:** |

**Gender* | 性别* :**

☐ Female | 女 ☐ Male | 男 ☐ Non-binary | 非二元性别 ☐ Prefer not to say | 不方便透露

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**Which of the following best describes your ethnicity and/or race? Check all that apply.* | 以下哪个选项最符合对您的族裔和/或种族的描述？选择所有适用项。***

- ☐ American Indian or Alaskan Native | 美洲印第安人或阿拉斯加原住民
- ☐ Black or African American | 黑人或非裔美国人
- ☐ Hispanic or Latino/Latina | 西班牙裔或拉丁裔/拉美裔
- ☐ Middle Eastern or Arab American | 中东人或阿拉伯裔美国人
- ☐ Native Hawaiian or Other Pacific Islander | 夏威夷原住民或其他太平洋岛民
- ☐ East Asian | 东亚人
- ☐ South Asian | 南亚人
- ☐ Southeast Asian | 东南亚人
- ☐ White | 白人
- ☐ Prefer not to say | 不方便透露
- ☐ Ethnicity and/or race not listed | 未列出的族裔和/或种族

_____

## Leave information | 休假信息

*Complete sections one OR two. All other sections are required.* |
*完成第一部分或第二部分。所有其他部分均需填写。*

**SECTION 1 | 第 1 部分：**

**If you are a parent that is going to or gave birth | 如果您即将分娩或已经分娩：**

**Are you taking leave for medical care during pregnancy? | 您在怀孕期间是否请了病假？**

- ☐ Yes | 是
  If yes, baby's due date or date of birth | 如果是，请说明婴儿的预产期或出生日期:
  (MM/DD/YYYY) | (MM/DD/YYYY) _____
- ☐ No | 否

**Are you taking leave to recover from giving birth? | 分娩后，您要休产假恢复吗？**

- ☐ Yes | 是
  If yes, baby's due date or date of birth | 如果是，请说明婴儿的预产期或出生日期:
  (MM/DD/YYYY) | (MM/DD/YYYY) _____
- ☐ No | 否

**Are you experiencing complications related to your pregnancy or birth? | 您是否经历过怀孕或分娩相关的并发症？**

- ☐ Yes | 是
- ☐ No | 否

**Are you taking leave to bond with your new baby (typically taken after medical leave)? | 您休假是为了与新生儿建立关系吗（通常是在病假之后休假）？**

- ☐ Yes | 是
  If yes, baby's date of birth | 如果是，请说明婴儿的出生日期:
  (MM/DD/YYYY) | (MM/DD/YYYY) _____
- ☐ No | 否

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**SECTION 2 | 第 2 部分：**

**For all other situations | 针对所有其他情况：**

**Why do you need to take leave?** (Choose one) **| 您为什么需要休假？**（选择一项）

- ☐ Medical leave for yourself | 自己休病假
- ☐ Leave to care for a family member | 休假照顾家人
  - If yes, which family member are you taking leave for? | 如果是，您休假照顾哪位家人？
    - ☐ Child (or son-in-law, daughter-in-law) | 孩子（或者女婿、儿媳）
    - ☐ Grandchild | 孙子或孙女
    - ☐ Grandparent (or grandparent of spouse) | 祖父母/外祖父母（或配偶的祖父母/外祖父母）
    - ☐ Parent (or parent of spouse) | 父母（或配偶的父母）
    - ☐ Sibling | 兄弟姐妹
    - ☐ Spouse | 配偶
    - ☐ Other | 其他：_____
- ☐ Bonding after the birth of your child | 在您的孩子出生后建立关系
  - If yes, child's date of birth | 如果是，请说明孩子的出生日期:
  - (MM/DD/YYYY) | (MM/DD/YYYY) _____
- ☐ Bonding after the placement of your foster child | 在您的寄养子女安置后建立关系
  - If yes, child's date of placement | 如果是，请说明孩子的安置日期:
  - (MM/DD/YYYY) | (MM/DD/YYYY) _____
- ☐ Bonding after the adoption of your child | 在您收养子女后建立关系
  - If yes, child's date of adoption | 如果是，请说明孩子的收养日期:
  - (MM/DD/YYYY) | (MM/DD/YYYY) _____
- ☐ Military exigency | 军事要求
  - If yes, which family member are you taking leave for? | 如果是，您休假照顾哪位家人？
    - ☐ Child (or son-in-law, daughter-in-law) | 孩子（或者女婿、儿媳）
    - ☐ Grandchild | 孙子或孙女
    - ☐ Grandparent (or grandparent of spouse) | 祖父母/外祖父母（或配偶的祖父母/外祖父母）
    - ☐ Parent (or parent of spouse) | 父母（或配偶的父母）
    - ☐ Sibling | 兄弟姐妹
    - ☐ Spouse | 配偶
    - ☐ Other | 其他: _____

**SECTION 3 | 第 3 部分：**

**How long do you expect to be on leave?* | 您预计请假多长时间？***

Start date (MM/DD/YYYY) | 开始日期 (MM/DD/YYYY): _____

End date (MM/DD/YYYY) | 结束日期 (MM/DD/YYYY): _____

**Did you know you would need to take leave before your leave started? | 在开始休假前，您是否知道自己需要休假?**

- ☐ Yes | 是
- ☐ No | 否

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## Employment information | 就业信息

| | |
|---|---|
| We need your employment history to determine whether you've worked enough hours to qualify for leave. Please list each employer you've worked for within the last 18 months. Attach additional pages if needed. | 我们需要您以往的就业信息，以确定您是否工作了足够长的时间以符合请假资格。请列出您在过去 18 个月内，您为之工作过的每个雇主。如果需要，请附加页面。 |

**What is your current employment status?* | 您当前处于何种就业状况？ ***

- ☐ Full-time salaried employee |全职带薪员工
- ☐ Full-time hourly employee |全职小时工
- ☐ Part-time salaried employee |兼职带薪员工
- ☐ Part-time hourly employee |兼职小时工
- ☐ Unemployed | 未就业

**Employer name* | 雇主名称* :**

**UBI or FEIN* | UBI 或 FEIN* :**

**Employer phone number* | 雇主联系电话* :**

**Is this your current employer?* | 该雇主是您当前的雇主吗？ ***

- ☐ Yes | 是
- ☐ No | 否

**Did you notify this employer that you plan to take leave?* | 您已经把休假打算告诉这个雇主了吗？ ***

- ☐ Yes | 是
  If yes, on what date did you notify them? | 如果是，您告知他们的日期是?
  (MM/DD/YYYY) | (MM/DD/YYYY) _____
- ☐ No | 否
- ☐ Requirement waived | 无此要求

**Employment start date (MM/DD/YYYY)* | 入职日期 (MM/DD/YYYY)* : _____**

**Employment end date (MM/DD/YYYY) | 离职日期 (MM/DD/YYYY): _____**

**Employer address* | 雇主地址*:**

**City* | 城市*:**

| | |
|---|---|
| **State* | 州*:** | **Zip Code* | 邮政编码*:** |

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| |
|---|
| **Employer name* \| 雇主名称* :** |
| **UBI or FEIN* \| UBI 或 FEIN* :** |
| **Employer phone number* \| 雇主联系电话* :** |
| **Is this your current employer?* \| 该雇主是您当前的雇主吗？ ***<br>☐ Yes \| 是<br>☐ No \| 否 |
| **Did you notify this employer that you plan to take leave?* \| 您已经把休假打算告诉这个雇主了吗？ ***<br>☐ Yes \| 是<br>If yes, on what date did you notify them? \| 如果是，您告知他们的日期是?<br>(MM/DD/YYYY) \| (MM/DD/YYYY) _____<br>☐ No \| 否<br>☐ Requirement waived \| 无此要求 |
| **Employment start date (MM/DD/YYYY)* \| 入职日期 (MM/DD/YYYY)* : _____** |
| **Employment end date (MM/DD/YYYY) \| 离职日期 (MM/DD/YYYY): _____** |
| **Employer address* \| 雇主地址*:**<br>**City* \| 城市*:** |

| | |
|---|---|
| **State* \| 州*:** | **Zip Code* \| 邮政编码*:** |

| |
|---|
| **Employer name* \| 雇主名称* :** |
| **UBI or FEIN* \| UBI 或 FEIN* :** |
| **Employer phone number* \| 雇主联系电话* :** |
| **Is this your current employer?* \| 该雇主是您当前的雇主吗？ ***<br>☐ Yes \| 是<br>☐ No \| 否 |
| **Did you notify this employer that you plan to take leave?* \| 您已经把休假打算告诉这个雇主了吗？ ***<br>☐ Yes \| 是<br>If yes, on what date did you notify them? \| 如果是，您告知他们的日期是?<br>(MM/DD/YYYY) \| (MM/DD/YYYY) _____<br>☐ No \| 否<br>☐ Requirement waived \| 无此要求 |
| **Employment start date (MM/DD/YYYY)* \| 入职日期 (MM/DD/YYYY)* : _____** |
| **Employment end date (MM/DD/YYYY) \| 离职日期 (MM/DD/YYYY): _____** |
| **Employer address* \| 雇主地址*:**<br>**City* \| 城市*:** |

| | |
|---|---|
| **State* \| 州*:** | **Zip Code* \| 邮政编码*:** |

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| **Consent and signature** | **同意并签名** |
|---|---|
| We share and receive information about you or your claim with your employers and other programs, such as the Division of Child Support, Workers' Compensation or Unemployment Insurance. We may need to verify information you provide and may request additional information as needed.<br><br>If you misrepresent yourself, or knowingly withhold information from us, it will be considered fraud. If you provide inaccurate information, we may deny your benefit application or require that you pay back benefits you were given. You could face fines or criminal prosecution. | 我们与您的雇主和其他项目（例如儿童抚养部门、工人赔偿或失业保险）分享和接收有关您或您的申请的信息。我们可能需要核实您提供的信息，必要时还会要求您提供额外信息。<br><br>如果您虚报或故意瞒报信息，我们会将其视为欺诈。若您提供的信息不准确，我们可能会拒绝您的福利申请，或可能会要求您归还已发放的福利。为此，您可能会面临罚款或刑事诉讼。 |
| **Signature* \| 签名*:** | **Date* \| 日期*:** |
| **Printed name* \| 正楷姓名*:** | |

| **Authorized Representative** | **授权代表** |
|---|---|
| *If the person applying for benefits is unable to sign this form because of a serious health condition or injury, an authorized representative may sign on their behalf, provided they also submit a Designated Authorized Representative form.* | *如果福利申请人因严重健康状况或受伤而无法签署本表格，授权代表亦可代表其签署本表格，但须同时提交一份指定授权代表表格。* |
| **Authorized representative name \| 授权代表姓名:** | |
| **Authorized representative signature \| 授权代表签名:** | |
| **Date \| 日期:** | |
| **Phone number \| 电话号码:** | |
| **Email \| 电子邮件:** | |