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

Boqonnaa Maatii fi Meedikaalaa Kan Kaffaltii Qabu

Jalqabuu keessaniin dura

Yeroo faayidaa tokko tokkoof karaa toora interneetiitiin iyyattan, akkaataa gaaffii faayidaa torban torbaniin (toora interneetiin ykn bilbilaan) fi akkaataa kaffaltii faayidaa keessanii itti fudhattan (kallattiin herrega baankii keessanii ykn kaardii deebiitii dursee kaffalame irratti galchuu) filachuu dandeessu. Iyyata waraqaatiin faayidaa argachuuf yeroo iyyattan, kanneen armaan gadiitiin daangeffamtu:

1. Gaaffii faayidaa torban torbanii bilbilaan 833-717-2273 bilbiluun dhiyeessuu.
2. Kaffaltii faayidaa keessanii kaardii deebiitii dursee kaffalameen fudhachuu.

Himannaa keessan torban torbaniin toora interneetii irratti galmeessuu yoo barbaaddan ykn kaffaltii faayidaa keessanii karaa kuufama kallattiin argachuu yoo barbaaddan, iyyata keessan toora interneetii irratti dhiyeessu qabdu. Odeeffannoo dabalataaf gara www.paidleave.wa.gov dhaqaa.

Qajeelfamni Faayidaa Boqonnaan Maatii fi Fayyaa Kaffalamuu akkaataa faayidaatiif iyyachuu fi gaaffii torban torbaniin dhiyeessu irratti odeeffannoo kenna. Akkasumas mirgaa fi dirqama seera jalatti qabdan ni ibsa. Qajeelfama kana www.paidleave.wa.gov/benefit-guide irraa buufadhaa ykn 833-717-2273. bilbiluun waraabbii isaa gaafadhaa.

Iyyata keessan galchaa.

Iyyata keessan kan guutame, kooppii sanadoota eenyummaa keessanii, fi sanadoota deeggarsa biroo kamiyyuu (mirkaneessa haala fayyaa hamaa, unka bakka bu'aa hayyamameef murtaa'e fi kkf) poostaadhaan gara:

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

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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.

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.

Gaaffilee?

Gaaffilee kamiyyuu yoo qabaattan, maaloo karaa 833 717-2273 ykn karaa imeelii paidleave@esd.wa.gov nu qunnamaa. Wiixataa hanga jimaataatti sa'a 8: 30 a.m fi 4: 30 p.m gidduutti ni argamna.

Iyyata fayidaa mirkaneessuu

Kutaa Odeeffannoo dhuunfaa fi qunnamtii

Maqaa, Lakkoofsa Wabii Hawaasummaa (SSN), guyyaa dhalootaa fi odeeffannoo quunnamtii keessan kennaa. Teessoon isin kennitan kaardii deebiitii dursamee kaffalamee fi kanneen biroo karaa poostaadhaan itti erginudha.

Kutaa odeeffannoo qacarrii

Odeeffannoo isin kennitanitti fayyadamnee boqonnaa argachuuf ulaagaa guutuuf sa'aatii gahaa hojjechuu keessan mirkaneessina.

- Maqaa qacaraa: Maqaa daldalaa ykn dhaabbata keessa hojjettanii.
- Adda Baasaa Daldalaa Atoome (UBI) ykn Lakkoofsa Eenyummaa Hojjechiisaa Federaalaa (FEIN). Adda Baasaa Daldalaa Atoome (UBI) hojjechiisaa keessanii isaan gaafachuudhaan, ykn meeshaa ilaalcha UBI marsariitii Muummee Galiiwwanii irratti fayyadamuun barbaadaa(www.DOR.wa.gov).
- Guyyaa jalqabaa fi xumuraa qacarrii. Yoo hojjechiisaa keessan ammaa ta'an, guyyaa xumuraa bakka duwwaa dhiisaatii sanduuqa hojjechiisaa keessan ammaa ta'uu isaanii agarsiisu irratti mallattoo kaa'aa.

Kutaa odeeffannoo dhiisaa

Waa'ee gaaffii boqonnaa keessanii odeeffannoo ni gaafanna, gosa boqonnaa isin gaafattan kan (yaala, maatii, erga daa'imni dhalatee booda hariiroo jiru ykn ramaddii daa'imaa, ykn dirqama waraanaa booda) fi guyyoota jalqabaa fi xumuraa isin irraa eegamu dabalatee.

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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.

Namni guca kana naaf guutuu danda'u jiraa?

Namni dhuunfaa biraa kaayyoo faayidaa Boqonnaa Maatii fi Yaalaa Kaffaltii qabuu bakka keessan bu'ee akka hojjetu hayyamuu dandeessu. Kana gochuudhaaf, unka Bakka Bu'aa Hayyamni Kennameef guutaa. Garagalcha unka kanaa argachuuf 833-717-2273 irratti nu qunnamaa.

Bakka bultii yookiin deeggarsa sababa qabeessa ta'e

Bakka bultii sababa qabeessa ta'e yookiin sagantaa keenya irratti isin hirmaachisuuf akka isin gargaaruu deeggarsa biraa yoo barbaaddan, maaloo nu beeksisaa. Gaaffileen dhiyaatan karaa Waajira Ombuudismaanii Boqonnaa Maatii fi Meedikaalaa Kaffaltii Qabuu keessumsiifamu. Bakkee bultii gaafachuudhaaf, imeelii PFMLaccess@esd.wa.gov yookiin gara 833-494-2273. tti bilbilaa.

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Benefit application | Iyyata Faayidaa

To apply, provide the required information (*) requested below.	Iyyachuudhaaf odeeffannoo barbaachisu (*) armaan gaditti gaafatame kennaa.

Personal information |Odeeffannoo dhuunfaa

First name* | Maqaa jalqabaa*:	**Middle initial | Maqaa Abbaa qubee jalqabaa:**
Last name* | Maqaa akaakayyuu*:	
SSN or ITIN* | SSN or ITIN*:	**Date of birth* | Bara dhalootaa*:**
Phone number* | Lakkoofsa bilbilaa*:	
Email address | Teessoo Imeelii:	

Preferred contact method* | Mala qunnamtii filatamaa* :

- ☐ Phone | Bilbila
- ☐ Email | Imeelii
- ☐ Mail | Poostaa

Can we leave a detailed voicemail message at the phone number you provided?* | Lakkoofsa bilbilaa isin kennitan irratti ergaa sagalee bal'inaan isiniif kaa'uu dandeenyaa? *

- ☐ Yes | Eeyyeen
- ☐ No | Lakki

What is your preferred language?* | Afaan isin filattan maalidhaa*

- ☐ English | Afaan Ingiliffaa
- ☐ Oromo | Afaan Oromoo
- ☐ Other. If other, what is your preferred language and dialect? | Kan biroo. Kan biraa yoo ta'e, afaan isin filattan maalidhaa fi looga/loqoda? _____

Mailing address* | Teessoo poostaa*:	
City* | Magaalaa*:	
State* | Naannoo*:	**Zip Code* | Ziip Koodii*:**

Gender* | Koorniyaa*:

- ☐ Female | Dubara
- ☐ Male | Dhiira
- ☐ Non-binary | Saal-lamaansaa kan hin taane
- ☐ Prefer not to say | Dubbachii dhiisun filadha

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Which of the following best describes your ethnicity and/or race? Check all that apply.* | Kanneen armaan gadii keessaa gosa keessan fi ykn sanyii sirrittiin kan ibsu isa kamidhaa? Kanneen ta'an hundumaa filadhaa.*

- ☐ American Indian or Alaskan Native | Ameerikaa Indiyaa yookin Dhalataa Alaaskaa
- ☐ Black or African American | Gurraacha yookin Afrikaan Ameerikaan
- ☐ Hispanic or Latino/Latina | Hispaanikii ykn laatinoo/Laatinaa
- ☐ Middle Eastern or Arab American | Baha Gidduugaleessaa yookin Ameerikaanota Arabaa
- ☐ Native Hawaiian or Other Pacific Islander | Dhalataa Hawaayii yookin Paasifik Aayislaander biraa
- ☐ East Asian | Baha Eeshiyaa
- ☐ South Asian | Kibba Eeshiyaa
- ☐ Southeast Asian | Kibba-baha Eeshiyaa
- ☐ White | Adii
- ☐ Prefer not to say | Dubbachii dhiisun filadha
- ☐ Ethnicity and/or race not listed | Gosa fi/ykn sanyii hin tarreeffamiin

_____

Leave information | Odeeffannoo keessan as kaawaa

Complete sections one OR two. All other sections are required. |
Kutaalee tokko YOOKIIN lama guutaa. Kutaaleen biroo hundi ni barbaachisu.

SECTION 1 | KUTAA 1 :

If you are a parent that is going to or gave birth | Yoo maatii daa'ima godhachuuf ykn godhattan yoo taatan:

Are you taking leave for medical care during pregnancy? | Yeroo garaatti baattan kunuunsa yaala fayyaatiif boqonnaa fudhachaa jirtuu?

- ☐ Yes | Eeyyeen
  If yes, baby's due date or date of birth | Yoo eeyyeen ta'e, guyyaa daa'imni itti dhalatu ykn guyyaa dhalootaa:
  (MM/DD/YYYY) | (MM/DD/YYYY) _____
- ☐ No | Lakki

Are you taking leave to recover from giving birth? | Da'umsa irraa dandamachuudhaaf boqonnaa waggaa fudhachaa jirtuu?

- ☐ Yes | Eeyyeen
  If yes, baby's due date or date of birth | Yoo eeyyeen ta'e, guyyaa daa'imni itti dhalatu ykn guyyaa dhalootaa:
  (MM/DD/YYYY) | (MM/DD/YYYY) _____
- ☐ No | Lakki

Are you experiencing complications related to your pregnancy or birth? | Garaatti baachuu keessaniin yookin da'umsaan keessaniin wal-qabatee rakkoowwan garaagaraa isin mudatanii jiruu?

- ☐ Yes | Eeyyeen
- ☐ No | Lakki

Are you taking leave to bond with your new baby (typically taken after medical leave)? | Daa'ima keessan haaraa waliin hariiroo uumuuf boqonnaa waggaa fudhachaa jirtaa (yeroo baay'ee boqonnaa yaalaa booda kan fudhatamu)?

- ☐ Yes | Eeyyeen
  If yes, baby's date of birth | Yoo eeyyeen ta'e, guyyaa dhaloota daa'imaa:
  (MM/DD/YYYY) | (MM/DD/YYYY) _____
- ☐ No | Lakki

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SECTION 2 | KUTAA 2 :

For all other situations | Haalota biroo kamiyyuu :

Why do you need to take leave? (Choose one) **| Maaliif boqonnaa waggaa fudhachuu barbaaddanii?** (Tokko filadhaa)

- ☐ Medical leave for yourself | Boqonnaa meedikaalaa ofii keessaniif
- ☐ Leave to care for a family member | Miseensa maatii kunuunsuudhaaf boqonnaa fudhatamu
  - If yes, which family member are you taking leave for? | Eeyyee yoo ta'e, miseensa maatii isa kamiif boqonnaa fudhachaa jirtuu?
    - ☐ Child (or son-in-law, daughter-in-law) | Ilma(ilma seeraa, soddaa)
    - ☐ Grandchild | Ijoollee ijoollee keetii
    - ☐ Grandparent (or grandparent of spouse) | Akaakayyuu(akaakayyuu haadha manaa koo)
    - ☐ Parent (or parent of spouse) | Maatii (maatii haadha manaa koo)
    - ☐ Sibling | Obboleessa
    - ☐ Spouse | Hiriyyaa gaa'elaa
    - ☐ Other | Kan biroo: _____
- ☐ Bonding after the birth of your child | Hariiroo erga daa'imni keessan dhalatee
  - If yes, child's date of birth | Yoo eeyyeen ta'e, guyyaa dhaloota daa'imaa: (MM/DD/YYYY) | (MM/DD/YYYY) _____
- ☐ Bonding after the placement of your foster child | Hariiroo erga daa'imni guddifamu ramaddii argatee
  - If yes, child's date of placement | Yoo eeyyeen ta'e, guyyaa dhaloota daa'imaa: (MM/DD/YYYY) | (MM/DD/YYYY) _____
- ☐ Bonding after the adoption of your child | Hariiroo erga daa'imni keessan guddifachaatti kennamee
  - If yes, child's date of adoption | Yoo eeyyeen ta'e, guyyaa daa'imni guddifachaa kenname: (MM/DD/YYYY) | (MM/DD/YYYY) _____
- ☐ Military exigency | Diqama waraanaa
  - If yes, which family member are you taking leave for? | Eeyyee yoo ta'e miseensi maatii boqonnaa waggaa fudhattuu eenyu?
    - ☐ Child (or son-in-law, daughter-in-law) | Ilma(ilma seeraa, soddaa)
    - ☐ Grandchild | Ijoollee ijoollee keetii
    - ☐ Grandparent (or grandparent of spouse) | Akaakayyuu(akaakayyuu haadha manaa koo)
    - ☐ Parent (or parent of spouse) | Maatii (maatii haadha manaa koo)
    - ☐ Sibling | Obboleessa
    - ☐ Spouse | Hiriyyaa gaa'elaa
    - ☐ Other | Kan biroo: _____

SECTION 3 | KUTAA 3:

How long do you expect to be on leave?* | Yeroo hagamiitiif boqonnaa waggaa keessan irra turuu barbaaddu? *

Start date (MM/DD/YYYY) | Guyyaa jalqabaa (MM/DD/YYYY): _____

End date (MM/DD/YYYY) | Guyyaa xumuraa (MM/DD/YYYY): _____

Did you know you would need to take leave before your leave started? | Boqonnaa kan fudhattan osoo yeroon boqonnaa keessan hin gahiin akka ta'e ni beektuu turee?

- ☐ Yes | Eeyyeen
- ☐ No | Lakki

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Employment information | Odeeffannoo qacarrii

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.	Boqonnaa fudhachuudhaaf sa'aatiiwwan gahaa ta'an hojjechuu keessan mirkaneessuudhaaf seenaa hojii keessan argachuu barbaadna. Ji'oota 18 darban keessatti hojechiisaa hojettaniif eeraa. Yoo barbaachisaa ta'e fuulota dabalataa itti dabalaa.

What is your current employment status?* | Haalli qacarrii keessan yeroo ammaa maalidhaa? *

- ☐ Full-time salaried employee Hojjetaa mindeeffamaa yeroo guutuu
- ☐ Full-time hourly employee | Hojjetaa sa'atii yeroo guutuu
- ☐ Part-time salaried employee | Hojjetaa mindeeffamaa yeroo gartokkee
- ☐ Part-time hourly employee | Hojjetaa sa'atii yeroo gartokkee
- ☐ Unemployed | Hojii dhabaa

Employer name* | Maqaa qacaraa* :

UBI or FEIN* | UBI ykn FEIN* :

Employer phone number* | Lakkoofsa bilbilaa qacaraa* :

Is this your current employer?* | Kuni qacaraa keessan isa jalqabaatii? *

- ☐ Yes | Eeyyeen
- ☐ No | Lakki

Did you notify this employer that you plan to take leave?* | Qacaraa kanaaf akka boqonnaa fudhattan beeksiftanii turtanii? *

- ☐ Yes | Eeyyeen
  If yes, on what date did you notify them? | Eeyyee yoo ta'e, gaafa guyyaa kamii isaan beeksiftanii? (MM/DD/YYYY) | (MM/DD/YYYY) _____
- ☐ No | Lakki
- ☐ Requirement waived | Ulaagaalee irra darbaman

Employment start date (MM/DD/YYYY)* | Guyyaa jalqabbii qacarrii hojii(MM/DD/YYYY)* : _____

Employment end date (MM/DD/YYYY) | Guyyaa dhumaa qacarrii hojii(MM/DD/YYYY): _____

Employer address* | Teessoo Qacaraa*:

City* |Magaalaa*:

State* | Naannoo*:	**Zip Code* | Ziip Koodii*:**

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Employer name* | Maqaa qacaraa* :

UBI or FEIN* | UBI ykn FEIN* :

Employer phone number* | Lakkoofsa bilbilaa qacaraa* :

Is this your current employer?* | Kuni qacaraa keessan isa jalqabaatii? *
- ☐ Yes | Eeyyeen
- ☐ No | Lakki

Did you notify this employer that you plan to take leave?* | Qacaraa kanaaf akka boqonnaa fudhattan beeksiftanii turtanii? *
- ☐ Yes | Eeyyeen
  If yes, on what date did you notify them? | Eeyyee yoo ta'e, gaafa guyyaa kamii isaan beeksiftanii? (MM/DD/YYYY) | (MM/DD/YYYY) _____
- ☐ No | Lakki
- ☐ Requirement waived | Ulaagaalee irra darbaman

Employment start date (MM/DD/YYYY)* | Guyyaa jalqabbii qacarrii hojii(MM/DD/YYYY)* : _____

Employment end date (MM/DD/YYYY) | Guyyaa dhumaa qacarrii hojii(MM/DD/YYYY): _____

Employer address* | Teessoo Qacaraa*:

City* |Magaalaa*:

State* | Naannoo*:	**Zip Code* | Ziip Koodii*:**

Employer name* | Maqaa qacaraa* :

UBI or FEIN* | UBI ykn FEIN* :

Employer phone number* | Lakkoofsa bilbilaa qacaraa* :

Is this your current employer?* | Kuni qacaraa keessan isa jalqabaatii? *
- ☐ Yes | Eeyyeen
- ☐ No | Lakki

Did you notify this employer that you plan to take leave?* | Qacaraa kanaaf akka boqonnaa fudhattan beeksiftanii turtanii? *
- ☐ Yes | Eeyyeen
  If yes, on what date did you notify them? | Eeyyee yoo ta'e, gaafa guyyaa kamii isaan beeksiftanii? (MM/DD/YYYY) | (MM/DD/YYYY) _____
- ☐ No | Lakki
- ☐ Requirement waived | Ulaagaalee irra darbaman

Employment start date (MM/DD/YYYY)* | Guyyaa jalqabbii qacarrii hojii(MM/DD/YYYY)* : _____

Employment end date (MM/DD/YYYY) | Guyyaa dhumaa qacarrii hojii(MM/DD/YYYY): _____

Employer address* | Teessoo Qacaraa*:

City* |Magaalaa*:

State* | Naannoo*:	**Zip Code* | Ziip Koodii*:**

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Consent and signature	Waliigaltee fi mallattoo
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. 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.	Odeeffannoo waa'ee keessanii ykn himannaa keessanii hojjechiistota keessanii fi sagantaalee biroo, kanneen akka Kutaa Deeggarsa Daa'immanii, Beenyaa Hojjetootaa ykn Inshuraansii Hojiidhabdummaa waliin ni qooddanna akkasumas ni fudhanna. Odeeffannoo isin kennitan mirkaneessuun nu barbaachisuu mala dabalataan akka barbaachisummaa isaatti odeeffannoo dabalataa gaafachuu dandeenya. Ofii keessan haalaan bakka hin buune taanaan, yookin osoo beektanii odeeffannoo nu jalaa yoo dhoksitan, akka dogongorsiisuutti ilaalama. Odeeffannoo sirrii ta'e yoo hin dhiyeessitan ta'e, iyyata faayidaa keessan isin dhorkuu dandeenya yookiin faayidaalee hanga ammaatti argattan akka deebistanii kanfaltan isin gaafanna. Adabbii yookin himannaa yakkaa keessa galuu dandeessu.
Signature* | Mallattoo*:	**Date* | Guyyaa*:**
Printed name* | Maqaa barreeffame*:	

Authorized Representative	Bakka bu'aa Hayyamameef
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.	*Namni faayidaalee argachuudhaaf iyyachaa jiru, sababa fayyaa qaamaa cimaa yookin miidhaatiif guca kana irratti mallatteessuu hin danda'u yoo ta'e, bakka bu'aan hayyamameef tarii bakka nama sanaa ta'uudhaan mallatteessuufi danda'a, akkasuma isaaniis guca Bakka Bu'aa Hayyama Qabaatee Saxaxame guutee galchuu qabu.*
Authorized representative name | Maqaa bakka bu'aa hayyamameef :	
Authorized representative signature | Mallattoo bakka bu'aa hayyamameef :	
Date | Guyyaa :	
Phone number | Lakkoofsa bilbilaa :	
Email | Imeelii :	