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

Codsiga Fasaxa Qoyska iyo Caafimaadka ee Lacagta Lagu Bixiyo

Kahor inta aadan bilaabin

Marka aad lacagta ku codsanayso onlaynks, waxaad dooran kartaa sida aad u soo gudbiso codsiyadaada lacagta ee todobaadlaha ah (onlaynka ama taleefan ahaan) iyo sida aad ku heli lahayd lacagahaaga (lacag dhigid toos ah oo la dhigayo akoonkaaga bangiga ama kaarka lacagta lagu shubto). Markaad lacagaha ku codsato qaab warqad ah, waxaad ku xaddidan tahay:

1. Soo gudbinta codsiyadaada lacagta ee todobaadlaha ah ee dhanka taleefanka adigoo wacaya 833-717-2273.
2. Ku qaadashada lacagahaaga kaarka lacagta lagu shubto.

Haddii aad jeclaan lahayd inaad ku xarayso codsiyadaada todobaadlaha ah onlaayn ahaan ama aad ku hesho lacagahaaga qaab lacag dhigid toos ah, waa inaad codsigaga ku soo gudbisaa qaab onlayn ah. Aad www.paidleave.wa.gov si aad u hesho macluumaad dheeraad ah.

Tilmaamaha Fasaxa Qoyska iyo Caafimaadka ee Lacagta Lagu Bixiyo wuxuu bixiyaa macluumaadka ku saabsan sida loo codsado lacagaha oo loo diro codsiyada toddobaadlaha ah. Waxay kaloo ay kuu sharxaysaa xuquuqdaada iyo waajibaadkaaga hoos yimaada sharciga. Kasoo degso hagitaanka www.paidleave.wa.gov/benefit-guide ama codso nuqul adoo wacaya 833-717-2273.

Soo gudbinta codsigaaga

Kusoo dir boostaada codsigaaga la buuxiyay, nuqulada dhukumiintiyadaada aqoonsiga, iyo dhukumiintiyada kale ee taageerada ah (cadaynta xaalad caafimaad oo halis ah, foomka wakiilka loo oggolaaday, iwm.):

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

Washington
Paid Family & Medical Leave
Employment Security Department

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.

Su'aalo ma qabtaa?

Haddii aad su'aalo qabtid, fadlan nagala soo xiriir 833 717-2273 ama iimayl noogu soo dir paidleave@esd.wa.gov. Waxaa nala heli karaa Isniinta illaa Jimcaha inta u dhaxaysa 8:30 subaxnimo iyo 4:30 galabnimo.

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.

Tilmaamaha codsiga lacagta

Qaybta macluumaadka shakhsi ahaaneed iyo xiriirka

Bixi magacaaga, Sooshal Sikyuuratiga (Social Security Number, SSN), taariikhda dhalashada iyo macluumaadka xiriirka. Ciwaanka aad bixiso waa halka aanu kuugu soo diri doono kaarka lacagta lagu shubo iyo waraaqaha kale.

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.

Qaybta macluumaadka shaqada

Waxaan u isticmaali doonaa macluumaadka aad bixiso si aan u xaqiijino inaad shaqeysay saacado kugu filan si aad ugu qalanto fasaxa.

- Magaca shirkada aad u shaqayso. Magaca ganacsiga ama ururka aad u shaqaysay.
- Aqoonsiga Ganacsiga Midaysan (Unified Business Identifie, UBI) ama Lambarka Aqoonsiga Loo Shaqeeyaha ee Dawlada Dhexe (Federal Employer Identification Number, FEIN). Soo hel UBI-ga shirkadda aad u shaqayso adigoo iyaga waydiinaya, ama adigoo isticmaalaya aaladda raadinta UBI ee ku taal bogga Department of Revenue's (www.DOR.wa.gov).
- Taariikhaha bilowga iyo dhamaadka shaqada. Haddii ay tahay shirkadda aad hadda u shaqayso, ka tag taariikhda dhammaadka iyadoo maran oo calaamad sax saar sanduuqa si aad u muujiso inay tahay shirkadda aad hadda u shaqayso.

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.

Qaybta macluumaadka fasaxa

Waxaan ku waydiin doonaa macluumaadka ku saabsan codsigaaga fasaxa, oo ay ku jiraan nooca fasaxa aad codsanayso (caafimaadka, qoyska, kalgacaylka dhalashada ka dib ama meelaynta ubadka, ama duruufo militari) iyo taariikhaha bilawga iyo dhamaadka ee aad qorsheynayso.

Washington
Paid Family & Medical Leave
Employment Security Department

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.

Qof kale ma ii buuxin karaa foomkan?

Waxaad u oggolaan kartaa shaqsi kale inuu ku matalo iyadoo u jeeddadu tahay lacagaha Fasaxa Qoyska iyo Caafimaadka ee Lacagta Lagu Bixiyo. Si tan loo sameeyo, buuxi foomka Wakiilka Loo Oggolaaday. Naga la soo xiriir 833-717-2273 si aad u hesho nuqul ka mid ah foomka.

Abaabul ama caawimaad macquul ah

Haddii aad u baahan abaabul ama caawimaad kale oo macquul ah si ay kaaga caawiso la falgalka barnaamijkeena, fadlan nala soo socodsii. Codsiga waxaa qabta Xafiiska Xiriiriyaha Fasaxa Caafimaadka iyo Qoyska ee Lagu helo Mushaarka (Paid Family and Medical Leave Ombuds). Si aad u codsato habaynta, iimayl u dir PFMLaccess@esd.wa.gov ama wac 833-494-2273.

Washington
Paid Family & Medical Leave
Employment Security Department

Benefit application | Codsiga lacagta

To apply, provide the required information (*) requested below.	Si aad u codsato, bixi macluumaadka loo baahan yahay (*) ee hoos lagaaga codsaday.

Personal information | Xogta Shaqsiga

**First name*	Magaca Koowaad* :**	**Middle initial	Magaca Dhexe :**
**Last name*	Magaca Dambe* :**	
**SSN or ITIN	SSN ama ITIN :**	**Date of birth*	Taariikhda Dhalashada* :**
**Phone number*	Lambarka Taleefoonka* :**	
**Email address	Ciwaanka Iimaylka:**	

Preferred contact method* | Habka Xiriirka La doorbidaayo* :

- ☐ Phone | Taleefoonka
- ☐ Email | Iimaylka
- ☐ Mail | Boostada

Can we leave a detailed voicemail message at the phone number you provided?* | Maku reebi karnaa fariinta codka oo faahfaahsan lambarka taleefanka aad bixisay*

- ☐ Yes | Sí
- ☐ No | Maya

What is your preferred language?* | Waa maxay luuqada aad doorbineyso*

- ☐ English | Ingiriis
- ☐ Somali | Soomaali
- ☐ Other. If other, what is your preferred language and dialect? | Mid kale. Haddii aad luuqad kale ku hadasho, waa maxay luuqada aad doorbidayso iyo lahjada? _____

**Mailing address*	Ciwaanka boostada* :**	
**City*	Magaalada* :**	
**State*	Gobalka* :**	**Zip Code*	Koodhka Boostada* :**

Gender* | Jinsiga* :

- ☐ Female | Dhedig
- ☐ Male | Lab
- ☐ Non-binary | Aan hal jinsi oo gaar ah lahayn
- ☐ Prefer not to say | Waxaan doorbidayaa inaanan sheegin

Washington
Paid Family & Medical Leave
Employment Security Department

Which of the following best describes your ethnicity and/or race? Check all that apply.* | Kuwaan soo socda midkee sida ugu fiican u qeexaya qowmiyadaada iyo/ama isirkaaga? Calaamadee dhammaan meelaha ku khuseeya.*

- ☐ American Indian or Alaskan Native | Hindida Mareykanka ama U dhashay Alaska
- ☐ Black or African American | Madow ama Afrikaan Maraykan ah
- ☐ Hispanic or Latino/Latina | Hispanic ama Latino/Latina
- ☐ Middle Eastern or Arab American | Bariga Dhexe ama Carabta Maraykanka ku Dhashay
- ☐ Native Hawaiian or Other Pacific Islander | U dhashay Hawai ama Jasiiradaha kale ee Pacific Island
- ☐ East Asian | Aasiyada Bari
- ☐ South Asian | Aasiyada Koonfureed
- ☐ Southeast Asian | Aasiyada Koonfur-Bari
- ☐ White | Cadaan
- ☐ Prefer not to say | Waxaan doorbidayaa inaanan sheegin
- ☐ Ethnicity and/or race not listed | Qowmiyad iyo/ama isirka aan halkaan lagu sheegin

_____

Leave information | Macluumaadka Fasaxa

Complete sections one OR two. All other sections are required. |
Dhameystir qaybaha koow AMA laba. Dhammaan qaybaha kale ayaa loo baahan yahay.

SECTION 1 | QAYBTA 1 :

If you are a parent that is going to or gave birth | Haddii aad tahay waalid u socda ama dhalay:

Are you taking leave for medical care during pregnancy? | Ma waxaad fasax u qaadanaysaa daryeelka caafimaadka xilliga uurka?

- ☐ Yes | Haa
  If yes, baby's due date or date of birth | Haddii jawaabtu haa tahay, taariikhda ilmuhu dhalanaayo ama taariikhda uu dhashay:
  (MM/DD/YYYY) | (Bisha/Maalinta/Sanadka) _____
- ☐ No | Maya

Are you taking leave to recover from giving birth? | Ma qaadanaysaa fasax aad kaga soo kabsanayso dhalmada?

- ☐ Yes | Haa
  If yes, baby's due date or date of birth | Haddii jawaabtu haa tahay, taariikhda ilmuhu dhalanaayo ama taariikhda uu dhashay:
  (MM/DD/YYYY) | (Bisha/Maalinta/Sanadka) _____
- ☐ No | Maya

Are you experiencing complications related to your pregnancy or birth? | Miyaad la kulmeysaa dhibaatooyin la xiriira uurkaaga ama dhalashadaada?

- ☐ Yes | Haa
- ☐ No | Maya

Are you taking leave to bond with your new baby (typically taken after medical leave)? | Ma waxaad qaadanaysaa fasax aad ku xiririnayso ilmahaaga cusub (sida caadiga ah waxa la qaataa fasaxa caafimaadka ka dib)?

- ☐ Yes | Haa
  If yes, baby's date of birth | Haddii jawaabtu haa tahay, taariikhda dhalashada ilmaha:
  (MM/DD/YYYY)| (Bisha/Maalinta/Sanadka) _____
- ☐ No | Maya

Washington
Paid Family & Medical Leave
Employment Security Department

SECTION 2| QAYBTA 2 :

For all other situations | Dhammaan xaaladaha kale :

Why do you need to take leave? (Choose one) **| Maxaad ugu baahan tahay fasaxa?** (Calaamadee mid)

- ☐ Medical leave for yourself | Fasaxa caafimaadka naftaada
- ☐ Leave to care for a family member | Fasaxa aad qaadanayso si aad u daryeesho xubin qoyska kamid ah
  If yes, which family member are you taking leave for? | Hadday ay haa tahay, xubintee qoyska ka mid ah ayaad fasax u qaadanaysaa?
  - ☐ Child (or son-in-law, daughter-in-law) | Ilmo (ama soddog, gabadh uu soddog u yahay)
  - ☐ Grandchild | Canug aad Awoowe u tahay
  - ☐ Grandparent (or grandparent of spouse) | Awoowe (ama awoowada xaaska)
  - ☐ Parent (or parent of spouse) | Waalidka (ama waalidka xaaska)
  - ☐ Sibling | Walaal
  - ☐ Spouse | Lamaane
  - ☐ Other | Mid kale: _____
- ☐ Bonding after the birth of your child | Fasaxa xiriirka lagula yeesho ilmaha kadib dhalmada cunugaaga
  If yes, child's date of birth | Haddii jawaabtu haa tahay, taariikhda ilmuhu dhashay: (MM/DD/YYYY)| (Bisha/Maalinta/Sanadka) _____
- ☐ Bonding after the placement of your foster child | Fasaxa xiriirka lagula yeesho ilmaha kadib ilmo aad korineyso laguu keeno
  If yes, child's date of placement | Haddii jawaabtu haa tahay, taariikhda ilmuhu la qoray: (MM/DD/YYYY) | (Bisha/Maalinta/Sanadka) _____
- ☐ Bonding after the adoption of your child | Fasaxa xiriirka lagula yeesho ilmaha kadib korshada cunugaaga
  If yes, child's date of adoption | Haddii jawaabtu haa tahay, taariikhda korsashada ilmaha: (MM/DD/YYYY) | (Bisha/Maalinta/Sanadka) _____
- ☐ Military exigency | Xubin militiriga katirsan
  If yes, which family member are you taking leave for? | Hadday ay haa tahay, xubintee qoyska ka mid ah ayaad fasax u qaadanaysaa?
  - ☐ Child (or son-in-law, daughter-in-law) | Ilmo (ama soddog, gabadh uu soddog u yahay)
  - ☐ Grandchild | Canug aad Awoowe u tahay
  - ☐ Grandparent (or grandparent of spouse) | Awoowe (ama awoowada xaaska)
  - ☐ Parent (or parent of spouse) | Waalidka (ama waalidka xaaska)
  - ☐ Sibling | Walaal
  - ☐ Spouse | Lamaane
  - ☐ Other | Mid kale: _____

SECTION 3 | QAYBTA 3 :

How long do you expect to be on leave?* | Muddo intee le'eg ayaad filaysaa inaad maqnaanayso?*

Start date (MM/DD/YYYY) | Taariikhda Billoowga (Bisha/Maalinta/Sanadka): _____

End date (MM/DD/YYYY) | Taariikhda La dhameynaayo (Bisha/Maalinta/Sanadka):

_____

Did you know you would need to take leave before your leave started? | Ma ogtahay inaad u baahan tahay inaad fasax qaadato ka hor inta aanu fasaxaagu bilaaban?

- ☐ Yes | Haa
- ☐ No | Maya

Washington
Paid Family & Medical Leave
Employment Security Department

Employment information | Xogta Shaqada

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.	Waxaan u baahanahay taariikhdaada shaqo si aan u go'aamino inaad shaqeysay saacado kugu filan si aad ugu qalanto fasaxa. Fadlan qor shaqo bixiye kasta oo aad u shaqeysay 18 kii billood ee la soo dhaafay. Ku dheji bogag dheeraad ah haddii loo baahdo.

What is your current employment status?* | Waa maxay heerkaaga shaqo ee hadda*

- ☐ Full-time salaried employee | Shaqaale maalin buuxda oo mushahar ku shaqeeya
- ☐ Full-time hourly employee | Shaqaale maalin buuxda oo saacad ku shaqeeya
- ☐ Part-time salaried employee | Shaqaale maalin niskeed ah oo mushahar ku shaqeeya
- ☐ Part-time hourly employee | Shaqaale maalin niskeed ah oo saacad ku shaqeeya
- ☐ Unemployed | Shaqo la'aan

Employer name* | Magaca Shirkada* :

UBI or FEIN* | UBI ama FEIN* :

Employer phone number* | Lambarka taleefoonka shirkada* :

Is this your current employer?* | Kani ma lambarka aad hadda isticmaashaa?*

- ☐ Yes | Haa
- ☐ No | Maya

Did you notify this employer that you plan to take leave?* | Ma u sheegtay shirkadaan inaad qorsheyneyso inaad qaadato fasax?*

- ☐ Yes | Haa
  If yes, on what date did you notify them? | Hadday ay haa tahay, waa maxay taariikhda aad ogeysiisay iyaga?
  (MM/DD/YYYY) | (Bisha/Maalinta/Sanadka) _____
- ☐ No | Maya
- ☐ Requirement waived | Shuruudaha la dhaafay

Employment start date (MM/DD/YYYY)* | Taariikhda aad billoowday Shaqada (Bisha/Maalinta/Sanadka)* :
_____

Employment end date (MM/DD/YYYY) | Taariikhda La dhameynaayo Shaqada (Bisha/Maalinta/Sanadka) :
_____

Employer address* | Ciwaanka Deegaanka Shirkada* :

City* | Magaalada* :

**State*	Gobalka* :**	**Zip Code*	Koodhka Boostada* :**

Washington
Paid Family & Medical Leave
Employment Security Department

Employer name* | Magaca Shirkada* :	
UBI or FEIN* | UBI ama FEIN* :	
Employer phone number* | Lambarka taleefoonka shirkada* :	
Is this your current employer?* | Kani ma lambarka aad hadda isticmaashaa?* ☐ Yes | Haa ☐ No | Maya	
Did you notify this employer that you plan to take leave?* | Ma u sheegtay shirkadaan inaad qorsheyneyso inaad qaadato fasax?* ☐ Yes | Haa If yes, on what date did you notify them? | Hadday ay haa tahay, waa maxay taariikhda aad ogeysiisay iyaga? (MM/DD/YYYY) | (Bisha/Maalinta/Sanadka) _____ ☐ No | Maya ☐ Requirement waived | Shuruudaha la dhaafay	
Employment start date (MM/DD/YYYY)* | Taariikhda aad billoowday Shaqada (Bisha/Maalinta/Sanadka)* :	
Employment end date (MM/DD/YYYY) | Taariikhda La dhameynaayo Shaqada (Bisha/Maalinta/Sanadka) :	
Employer address* | Ciwaanka Deegaanka Shirkada* : **City* | Magaalada* :**	
State* | Gobalka* :	**Zip Code* | Koodhka Boostada* :**

Employer name* | Magaca Shirkada* :	
UBI or FEIN* | UBI ama FEIN* :	
Employer phone number* | Lambarka taleefoonka shirkada* :	
Is this your current employer?* | Kani ma lambarka aad hadda isticmaashaa?* ☐ Yes | Haa ☐ No | Maya	
Did you notify this employer that you plan to take leave?* | Ma u sheegtay shirkadaan inaad qorsheyneyso inaad qaadato fasax?* ☐ Yes | Haa If yes, on what date did you notify them? | Hadday ay haa tahay, waa maxay taariikhda aad ogeysiisay iyaga? (MM/DD/YYYY) | (Bisha/Maalinta/Sanadka) _____ ☐ No | Maya ☐ Requirement waived | Shuruudaha la dhaafay	
Employment start date (MM/DD/YYYY)* | Taariikhda aad billoowday Shaqada (Bisha/Maalinta/Sanadka)* :	
Employment end date (MM/DD/YYYY) | Taariikhda La dhameynaayo Shaqada (Bisha/Maalinta/Sanadka) :	
Employer address* | Ciwaanka Shirkada* : **City* | Magaalada* :**	
State* | Gobalka* :	**Zip Code* | Koodhka Boostada* :**

Washington
Paid Family & Medical Leave
Employment Security Department

Consent and signature	**Oggolaanshaha iyo saxiixa**
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.	Waxaan la wadaagnaa oo aan ka heli karnaa macluumaadka kugu saabsan ama codsiga qof aad u shaqayso iyo barnaamijyada kale, sida Waaxda Taageerada Ilmaha, Magdhawga Shaqaalaha ama Caymiska Shaqo la'aanta. Waxaa laga yaabaa inaan u baahanahay inaan xaqiijino macluumaadka aad bixisay waxaana laga yaabaa inaan codsano macluumaad dheeri ah haddii loo baahdo. Haddi aad si khaldan isu sheegto, ama adigoo og aad naga qariso macluumaadka, waxa loo qaadan doonaa khiyaamo. Haddii aad bixiso macluumaad aan sax ahayn, waxa laga yaabaa in aanu diidno codsigaga dheefta ama waxa laga yaabaa in aanu kaa doonayno in aad dib u bixiso waxtarrada lagu siiyey. Waxaad wajihi kartaa ganaax ama dacwad dambiyeed.
Signature* | Saxiixa* :	**Date* | Taariikhda* :**
Printed name* | Magaca Farta Waawayn laagu qoray* :	

Authorized Representative	**Wakiilka oggolaanshaha Haysta**
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.	*Haddii qofka codsanaya faa'iidooyinka aanu awoodin inuu saxiixo foomkan xaalad caafimaad oo halis ah ama dhaawac awgiis, wakiil idman ayaa u saxeexi kara iyaga oo metelaya, waase haddii ay sidoo kale soo gudbiyaan foom la magacaabay oo wakiil idman.*
Authorized representative name | Magaca Wakiilka oggolaanshaha Haysta :	
Authorized representative signature | Saxiixa Wakiilka oggolaanshaha Haysta :	
Date | Taariikhda :	
Phone number | Lambarka Taleefoonka :	
Email | Iimaylka :	