

Paid Family and Medical Leave

FMLA impact on Paid Leave job protection

Notice requirements

As of January 1, 2026, employers with employees working in Washington state may choose to apply a period of leave under the federal family and medical leave act (FMLA) to a future period of Paid Family and Medical Leave (Paid Leave). This would ensure the employee is entitled to a maximum combined total of 16 typical workweeks of job protection under FMLA and Paid Leave during a period of 52 consecutive calendar weeks. This period is extended to 18 typical workweeks of job protection if any of the leave was taken as a result of a serious health condition with a pregnancy resulting in incapacity.

In order to retain the right to count FMLA leave against the total amount of job protected leave, the employer must give this notice:

- Within five business days of the employee's initial request for or use of FMLA leave, whichever is earlier, and
- Every month for the remainder of the employer's designated 12-month leave year.

If an employer does not want to retain this right the employer may discontinue notice.

The notice must be written and given to the employee in a language understood by the employee and sent in a manner reasonably certain to be received promptly by the employee.

An employer may estimate the expiration of the right of employment restoration based on information provided to the employer by the employee.



Notice

Date (Month/Day/Year): _____

Employer business name: _____

Employee first and last name: _____

Employee's designated 12-month FMLA leave year start and end dates (Month/Day/Year):

_____ to _____.

Since you are eligible for paid family or medical leave, but you are not applying for and receiving benefits, we are designating and counting your FMLA leave against your maximum job protection entitlement under a future Paid Family and Medical Leave (Paid Leave) entitlement. You will be eligible for no more than a combined total of 16 typical workweeks of job protection under FMLA and Paid Leave during a period of 52 consecutive calendar weeks. This period is extended to 18 typical workweeks of job protection if any of the leave was taken as a result of a serious health condition with a pregnancy resulting in incapacity.

FMLA leave year (Month/Day/Year):

Start date _____ End date _____

Dates of FMLA leave (Month/Day/Year):

Start date _____ End date _____

You have used _____ of FMLA and you have _____ job protected leave remaining.

An employer may estimate the expiration of the right of employment restoration based on information provided to the employer by the employee and the department for intermittent periods of leave. Your use of leave under FMLA does not affect your right to use Paid Leave benefits. Your right to claim Paid Leave benefits does not change if your entitlement to FLMA has ended.