Washington Paid Family & Medical Leave
Employment Security Department

Paid Family and Medical Leave

Job protection rights

Job protection must be offered to eligible employees on Paid Family and Medical Leave (Paid Leave). As of Jan. 1, 2026, job protection notice must be given by employers with employees working in Washington state, who began employment with their current employer at least 180-calendar days before taking leave and the employer has at least:

- 25 employees in 2026,
- **15 employees in 2027**, and
- 8 employees in 2028.

Job protection is based on when an employee returns to work. For example, an employee with a claim that spans both 2026 and 2027 has job protection if:

- They return to work in 2026, and their employer has at least 25 employees.
- They return to work in 2027, and their employer has at least 15 employees.

Employers must provide the following notice to employees about job protection when:

- The employee is on Paid Leave for more than two consecutive weeks, or
- The employee is on Paid Leave intermittently and the combined leave exceeds 14 typical workdays.

Employers are required to provide this notice to employees:

- At least five business days before the employee's expected return to work date OR as soon as is practicable if the employer became aware of employee's use of Paid Leave less than five business days before the employee's expected return to work date,
- In a language understood by the employee, and
- In a manner they'll receive promptly.

An updated notice must be re-issued if an employee's leave end date or return to work date changes after the original notice was provided.

Details about job protection can be found at paidleave.wa.gov/job-protection-requirements-for-employers.

The laws that explain job protection are RCW 50A.35.010, WAC 192-700-015 and WAC 192-700-030.

Notice – Paid Leave job protection rights

Employers estimate when your rights to employment restoration under Paid Leave end. This estimation is based on the information you and the Paid Leave program provided to your employer.

Date employee provided notification (Month/Day/Year): _____

Employer business name: _____

Employee first and last name: _____

Based on the information you and the Paid Leave program provided to your employer:

Your right to job protection under Paid Leave is estimated to expire on (Month/Day/Year) _____.

Your first scheduled workday after your leave ends is (Month/Day/Year) _____.