

Today's timeline of events



Topic		<p>Paid Family & Medical Leave</p>		 <p>Live Q&A</p>
	<p>10:30 a.m. – 10:35 a.m.</p>	<p>10:35 a.m. – 10:50 a.m.</p>	<p>10:50 a.m. – 11:15 a.m.</p>	<p>11:15 a.m. - 11:30 a.m.</p>
Presented by	<p>Rebecca Martin President & CEO Greater Federal Way Chamber of Commerce Zander Greene Communications and Program Coordinator</p>	<p>Liz Boot Service Delivery Manager Leave and Care Division</p>	<p>Corrina Rieken Program coordinator SharedWork Employment Security Department Renee Glanville Program Coordinator SharedWork Employment Security Department</p>	

For a PDF of the PowerPoint slides and a copy of the webinar recording, visit the [SharedWork events webpage](#).

Washington
Paid Family & Medical Leave



Employment Security Department
WASHINGTON STATE

Paid Family & Medical Leave



Agenda

- 1 Paid Leave overview
- 2 Employer role & responsibilities
- 3 Self-employed elective coverage

Paid Leave overview

Paid Family and Medical Leave provides paid time off when you need it most.

It's here for you when a serious health condition prevents you from working, when you need time to care for a family member or a new child, or for certain military-related events.



Who does this apply to?



Workers & their
employers in
Washington

Exceptions

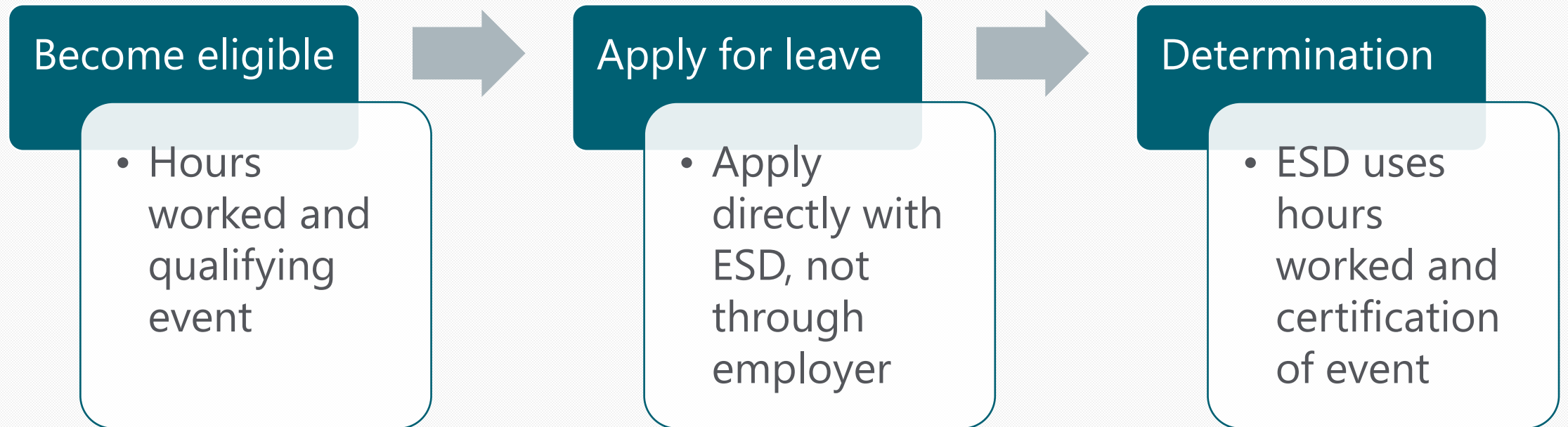
Federal employees.

People employed by tribal owned businesses on tribal land.

Self-employed people who don't opt into the state program.

Workers covered by their employer's approved voluntary plan.

High-level benefit overview



Two-part benefit eligibility



Hours worked

- 820 hours in the qualifying period.
- At one employer or cumulatively.

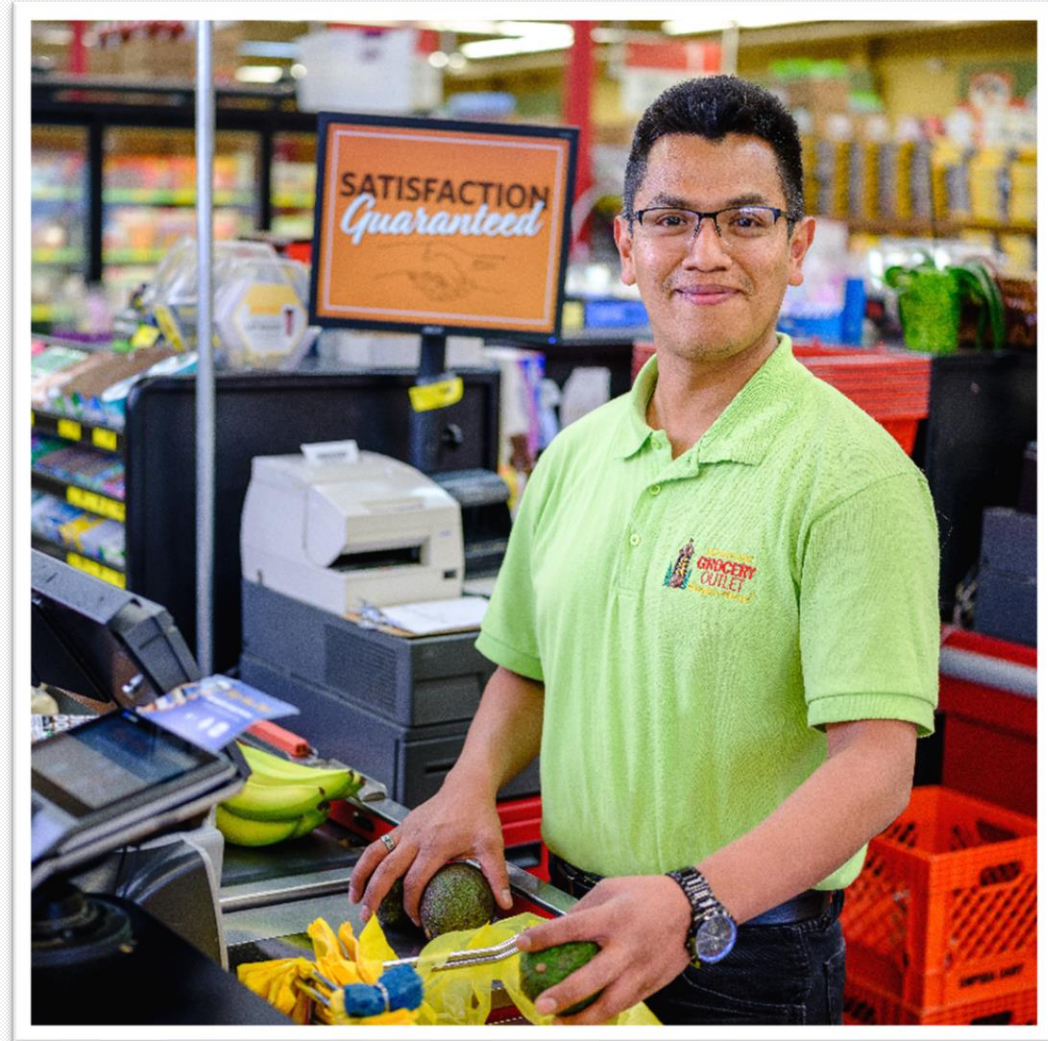


Qualifying event

- Serious health condition (your own or a family member's).
- Birth or placement.
- Military events.

Medical leave to care for yourself

- Time to recover from a serious health condition.
- Like short-term disability.
- Could include:
 - Cancer treatment
 - Dialysis
 - Chronic serious condition
 - Treatment for substance abuse
 - In-patient mental health care



Family leave to care for someone else

- Bonding leave for parents in the first year after the birth or placement of a child under 18. Includes adoption and foster parents.
- Care for a family member experiencing a serious health condition.
- Military family leave; Broadly related to overseas deployments.
 - Statute references federal law related to military exigencies covered by FMLA.



Family defined

👍 Child (biological, adopted, foster, step, in-law)

👍 Grandchild

👍 Spouse/Domestic Partner

👍 Sibling (step)

👍 Parent (step, in-law)

Loco Parentis

Legal Guardian

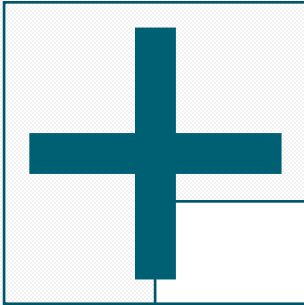
De Facto Parent

👍 Grandparent (in-law)

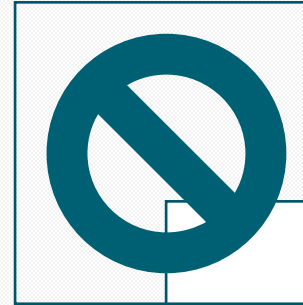
👍 Any individual who regularly resides in the employee's home or where the relationship creates an expectation that the employee care for the person, and that individual depends on the employee for care*

*Implemented by SB 5097 in 2021 legislative session

What's a "serious health condition"?

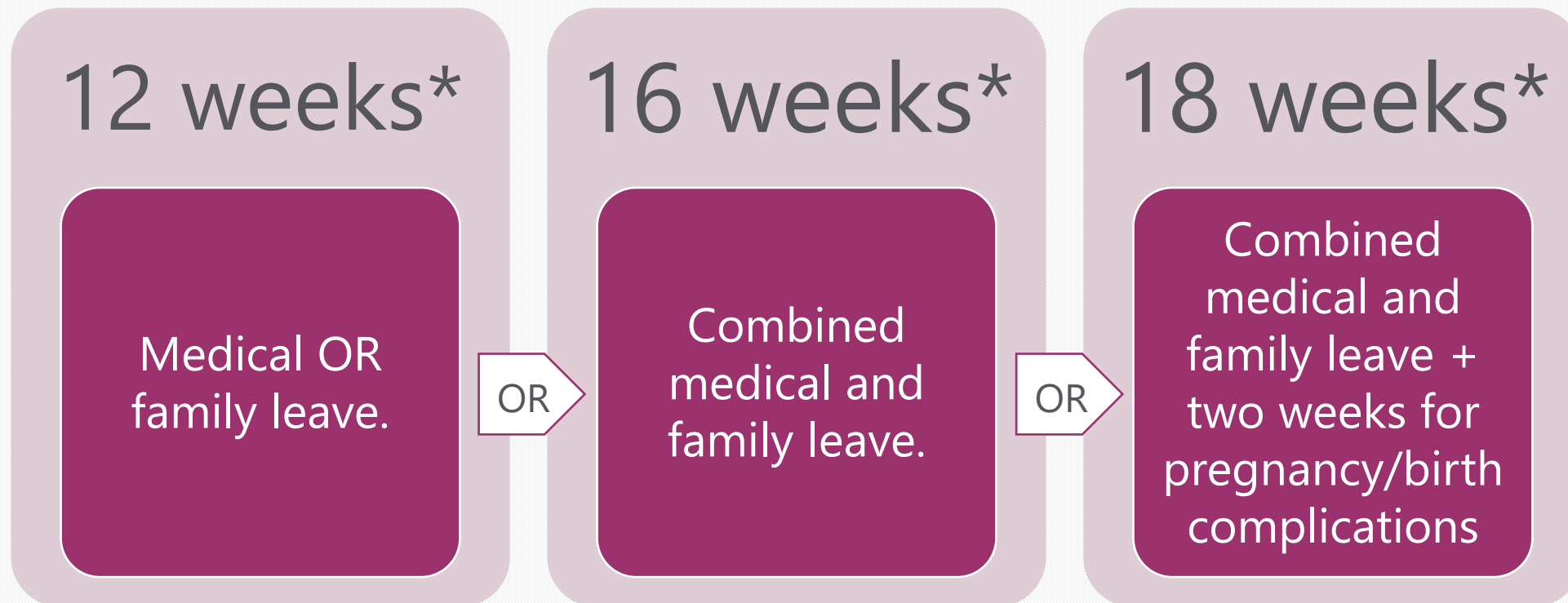


- Generally, includes serious illnesses and injuries, pregnancy, chronic conditions and some substance abuse and mental health treatment.
- Defined in the law.
- Up to a healthcare provider to diagnose and certify.



- Generally, does not include common cold, flu, earaches, upset stomach, headaches (other than migraines) and cosmetic treatments.

How much time?



* "Weeks" = typical workweeks

Employer role & responsibilities

High-level employer role



Collect premiums



Total premium 2024

0.74%

gross wages up to the
Social Security cap

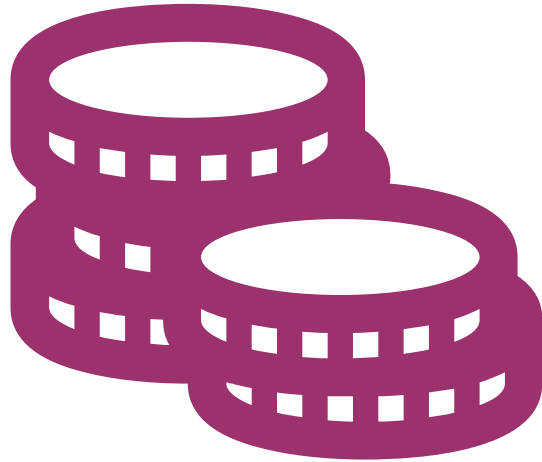
(\$168,600 in 2024)

Employee: 71.43%

Employer: 28.57%

* Businesses determined to have fewer than 50 employees are not required to pay the employer portion.

Premium calculation



1. Calculate premium

- $\text{Gross wages} \times 0.0074 = \text{total premium}$ (round to two decimals)
- Only include employee wages up to the social security cap for each calendar year. In 2024 the social security cap is \$168,600. Gross wages for Paid Leave do not include tips.

2. Employee share (withholding):

- $\text{Gross wages} \times 0.0074 \times 0.7143 = \text{Employee Share}$ (round to two decimals)
- This is the maximum amount you can withhold for Paid Leave.

3. Employer's share

- $\text{Total Premium} - \text{Employee Share} = \text{Employer Share}$
- This is the amount the employer is required to contribute, unless we've determined you are a small business with less than 50 employees.

Premiums Estimator

paidleave.wa.gov/estimate-your-paid-leave-payments/

Enter gross payroll

2024 ▼

Estimate

Paid Leave

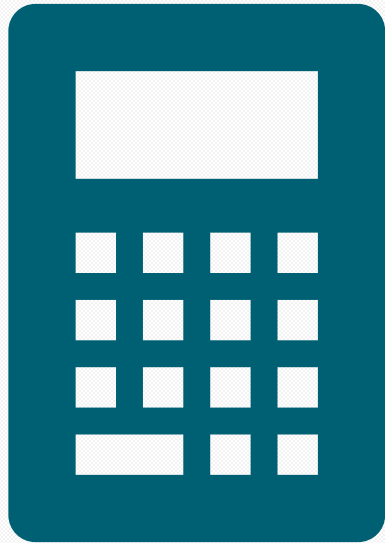
If you have employees whose gross wages are over the Social Security wage cap, this estimator may overestimate your total Paid Leave premiums.

	Sum	Employer	Employee
Family Leave Premium	\$0.00	\$0.00	\$0.00
Medical Leave Premium	\$0.00	\$0.00	\$0.00
Total Paid Leave Premium	\$0.00	\$0.00	\$0.00

WA Cares

WA Cares premiums apply to wages paid starting July 1, 2023.

	Sum	Employer	Employee
WA Cares			\$0.00



Business size

- ESD calculates your business's size on Sept. 30 of each year.
- The calculation is used to determine your business size for the next calendar year.
- It's based on your average employee headcount over the previous four quarters as reflected in your quarterly reports.
 - It is not calculated by full-time equivalent (FTE) positions
 - We will notify you if your business size has changed from small to large, or large to small compared to the previous year.

What do I report?

Reporting requirements

Each quarter, you are required to file a wage report with the following information:

Required Information

Employee information

- SSN or ITIN
- Last name
- First name
- Middle initial, optional
- Wages paid during the reporting quarter
- Hours associated with wages paid
- Employee's WA Cares Fund exemption status
- Employee's date of birth

Employer information

- Total Paid Leave premiums withheld from employees, if any
- Total WA Cares Fund premiums withheld from employees, if any

NOTE: As of October 1, 2023, all quarters must be reported, even if there was no payroll for that quarter.

Reporting & payment deadlines

Quarter	Reporting period	Due by
First	January, February, March	April 30
Second	April, May, June	July 31
Third	July, August, September	October 31
Fourth	October, November, December	January 31

Reporting resources

paidleave.wa.gov/employers/

- ✓ Requirements
- ✓ Checklist
- ✓ Instructions
- ✓ FAQs

Checklist for Filing Your Quarterly Report

Before you file your quarterly report, make sure you have this information ready.

BUSINESS INFORMATION:

- Your SecureAccess Washington (SAW) login (If you don't have one, you can create an account [online](#))
- Business identifier (UBI) number (If you don't know your UBI number, you can look it up [online](#))
- Business name
- Total premiums collected (if any) from employees
- Name of the report preparer

EMPLOYEE INFORMATION:

- Social security number (SSN) or individual taxpayer identification number (ITIN)
- First name, last name, middle initial
- Date of birth
- WA Cares exemption status
- Wages paid during the reporting quarter, and the

Notification requirements

All Washington employees

- Inform your employees about the program by posting a notice in a place customarily used to post other employment-related notices.
- Poster in English & Spanish available online.

Individual employees

- You must notify employees in a timely manner of Paid Leave when they are on leave for reasons that could be covered by the program.
- When an employee has been away from work for 7 consecutive days for reasons that could be covered by this program or become aware of their need for Paid Leave, you have 5 business days to provide notice in writing.

What notifications does an Employer receive when an employee applies for Paid Leave?

Employers will receive two notifications when an employee applies for Paid Leave

The first notification is when they initially apply for benefits. This notice includes

- Current employee's name
- Paid Leave Claim ID
- Anticipated Leave dates
- The date they provided the employer notice, or if no notice was given

The second notification will let the employer know if the current employee was approved or denied for benefits. This will include

- Current employee's name
- Paid Leave claim ID
- Whether they were denied or approved for benefits
- If their claim was approved it will have their leave start date and the leave end date.

* Other notifications may be received if additional information is needed or if there is a change to the leave duration*

New Employer account feature- Benefit Claims

The screenshot displays a web interface for an employer's account. At the top, a dark teal navigation bar contains links for Home, Payments, Manage Account, Wage Reporting, Benefit Claims, and More. Below this, a teal header bar reads "Information Message". A message box states that benefit information will be available starting January 1, 2024. A table below shows the Employer Legal Entity Name as "ELF TEST ACCOUNT" and the Customer ID as "C602266165".

The main section is titled "Your Employees' Benefit Claim Information". It includes a note about downloading files for updated information on Paid Leave benefits and a "Please Note" regarding employer identification during the claim process. A sub-section titled "Benefit Applications" lists the types of information contained in the downloadable files: Employee Name, Benefit Claim ID Number, Application Date and Requested Leave Dates, Leave Type (Medical or Family), and Decision and Approved Leave Dates. A "Download" button is provided for this section.

The "Weekly Claims" section explains that the files list weeks of leave claimed by employees. It notes that weeks start on Sunday and end on Saturday, and that the status of each weekly claim (Waiting week, Approved and paid week, or Denied or unpaid) will be shown. A "Download" button is also provided for this section.

Electing coverage

What's elective coverage?

Self-employed individuals can elect coverage for Paid Leave and, after filing quarterly reports and paying premiums, can get access to the same benefits as other workers in Washington.

Who's self-employed?

You are
self-
employed
if you are:

A sole proprietor

A joint venturer or a member of a partnership

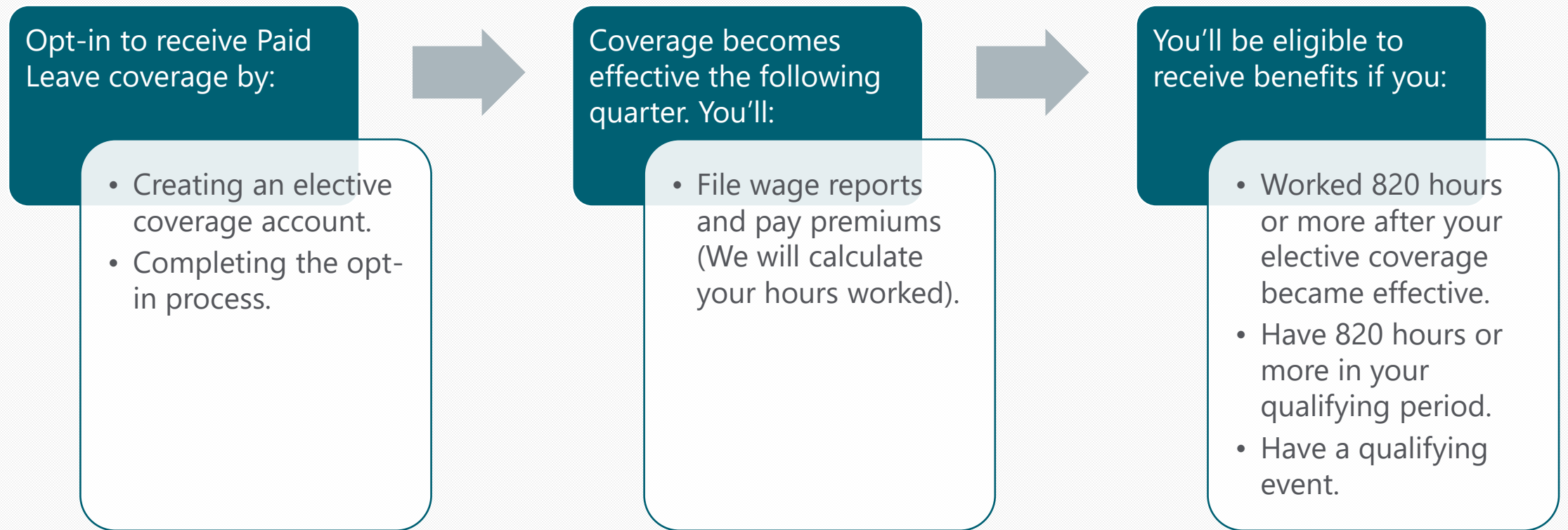
A member of a limited liability company (LLC)

An independent contractor (as described in [RCW 50A.05.010](#))

Otherwise in business for yourself

Note: Corporate officers are not self-employed.

How does elective coverage work?



Timeline



If you opt-in between...	Your coverage becomes effective...	And you report and pay starting...
January 1 to March 31	April 1	July 1
April 1 to June 30	July 1	October 1
July 1 to September 30	October 1	January 1
October 1 to December 31	January 1	April 1

Resources

HELP CENTER LOG IN ESPAÑOL

Washington Paid Family & Medical Leave


Individuals and Families Employers Self-employed Healthcare providers



Here for you.

Paid time off when you need it most. Learn about your new benefit.

[Get started](#)



Here for your family.

Take paid time off to care for a family member when they need you most.

[Get started](#)

Here for your business.

Paid time off keeps businesses healthy, too. Learn about your role.

[Get started](#)



HELP CENTER LOG IN ESPAÑOL

Washington Paid Family & Medical Leave

Individuals and Families Employers Self-employed Healthcare providers

How can we help?

Ask a question or search by keyword

Individuals & Families **Employers** Self-employed Healthcare Providers

Documents and forms

- Employer toolkit – Benefits
- 2024 required poster (English)
- Temporary employee payroll form (small business assistance grants)
- Employer toolkit – Reporting and Premiums
- Form W-9 (WA Cares)
- Voluntary plan guide
- 2024 paycheck insert (Spanish)
- Form W-9 (Paid Leave)
- Conditional waiver
- 2024 paycheck insert (English)
- .CSV wage report template (v8) 2023
- Employer agent power of attorney form
- 2024 required poster (Spanish)
- Instructions for creating a .CSV file (v8) 2023
- Employer to employee notice
- Employer checklist

HELP CENTER LOG IN ESPAÑOL

Washington Paid Family & Medical Leave

Individuals and Families Employers Self-employed Healthcare providers

Self-employed: Electing Coverage



Sign up for paid time off when you need it most

If you elect coverage for Paid Leave, you can receive paid time off when you have a serious health condition that prevents you from working. Or when you need time to care for a family member or a new child. Or if your family member is about to be deployed overseas or is returning from overseas deployment, that's when you can take this type of family leave.

Am I self-employed?

You are self-employed if you are:

- A sole proprietor
- A joint venturer or a member of a partnership
- A member of a limited liability company (LLC)
- An independent contractor (as described in RCW 50A.05.010 (8) (b) (iii)).
- Otherwise in business for yourself.

Note: Corporate officers are not self-employed. See [Help Center](#) for more on corporations and LLCs.

Sign-up for news & details

Including upcoming webinars for employers and self-employed people!

Sign-up at esd.wa.gov/employer-taxes/employer-newsletter-history

Employer Newsletter

A monthly newsletter focusing on WA Cares Fund, Paid Family & Medical Leave, and Unemployment Insurance. [Sign up.](#)

2024

[March | Issue 47](#)

[February | Issue 46](#)

[January | Issue 45](#)

2023

[December 2023 | Issue 44](#)

[November 2023 | Issue 43](#)

[Special YesVets edition - October 2023 | Issue 42](#)

[October 2023 | Issue 41](#)

[Special WA Cares edition - September 2023 | Issue 40](#)

[September 2023 | Issue 39](#)

[August 2023 | Issue 38](#)

[July 2023 | Issue 37](#)

[Special WA Cares edition - June 2023 | Issue 36](#)

[June 2023 | Issue 35](#)

[May 2023 | Issue 34](#)

[April 2023 | Issue 33](#)

Contact Paid Family and Medical Leave



833-717-2273



paidleave.wa.gov

BUSINESSES, EMPLOYEES
FAMILIES & COMMUNITIES

WIN

with

SharedWork

SharedWorkWA.com



Employment
Security
Department
WASHINGTON STATE



SharedWork - A proven business solution!

SharedWorkWA.com

What is SharedWork?

SharedWork - is a voluntary assistance program that has stabilized Washington businesses and employees during temporary economic setbacks.



Employers reduce worker hours to save payroll costs, instead of cutting jobs.



SharedWork pays employees a prorated percentage of unemployment insurance benefits.

The SharedWork Program

A proven and credible business solution helping employers:



Save their business



Retain their skilled workforce



Continue serving customers



Attract talent



SharedWork in Washington state

Top 4 reasons Washington State employers sign up for the SharedWork program:



In response to the ups and downs of the economy.



Retaining valued employees that have been invested in.



Maintain staff count and service levels.



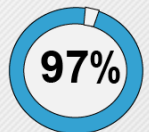
Gives balance and flexibility to pivot and budget expenses.



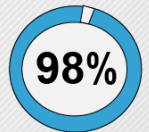
SharedWork in Washington



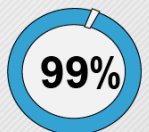
In a survey of past employers who enrolled in Washington's [SharedWork](#) program:



SharedWork improved employee morale.



The program helped retain skilled workers.



Would recommend SharedWork to another employer.

Employer Requirements for SharedWork:

1. Must be a legally registered business in Washington state.
2. Must have an Employment Security Department (ESD) number.
3. Must have at least two permanent employees, who are not corporate officers, affected by a reduction in hours and wages.
4. Continue to provide same benefits to employees.

Employee Requirements for SharedWork:

1. All permanent (part-time and full-time) employees may participate in SharedWork.
2. Employees must have a valid UI claim - worked at least 680 hours during their base year (includes all employment)
3. Must be able and available for all scheduled hours by SharedWork employer.

A temporary workforce reduction example

Ryna's remodeling company is experiencing supply delays, and it's impacting a few jobsites. She employs 40 individuals.

In lieu of layoffs. Ryna has enough work for 32 full-time employees. The employer can avert the continued layoff of 8 full-time employees by keeping all 40 employees and reducing the workweek.

Reduced workweek. The employer reduced the workweek from 40 hours to 32 hours, which is a reduction of 20 percent and permissible under state law, anywhere from 10-50% is an acceptable reduction each week with SharedWork.

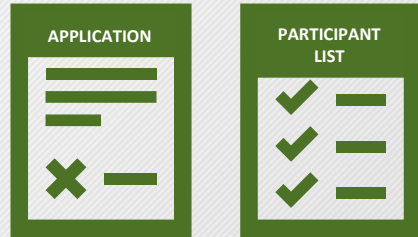
Summary. The 40 employees would each receive 80 percent of their wages from their employer, while also remaining eligible for 20 percent of their respective weekly benefit amount under SharedWork.



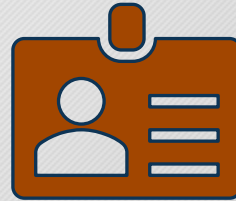
How It Works



1



2



3



4



5

The employer calls SharedWork at **800-752-2500** option 3 to check business eligibility.

The employer assigns a **SharedWork representative** (or two) and submits an **Employer Plan Application** and a **Participant List**.

Once the employer plan is approved, each participant submits an **Employee Application** and can [file weekly claims](#).

The employee receives **earned wages** and a share of **unemployment insurance benefits** when hours are reduced.

The employer representative checks the weekly **SharedWork Payments Report** for accuracy.

Two EASY ways to apply

Apply by eServices, electronic upload or fax

1. Download the [Employer plan application](#) (pdf). If you need more space to add employee names, download the [Participant list](#) (Excel)
2. Here you can [Upload all documents](#) directly to the SharedWork Unit, or Fax to 800-701-7754

Remember to:


- Include your company's name in the file name
- Sign and date all forms
- Obtain the signature for the collective bargaining agent, if applicable.

Employment Security Department WASHINGTON STATE		SharedWork EMPLOYER PLAN APPLICATION	
Please print or type the following information. Answer all questions and sign to complete.		Submit this form by fax to 800-701-7754 or upload at SharedWork upload Questions? Call 800-752-2500	
1. Employment Security Department (ESD) number: _____ <small>Find this number on your ESD tax statement.</small>			
2. Business name: _____		DBA: _____	
3. Mailing address: _____ City: _____ State: _____ ZIP code: _____ County: _____			
Physical Location/Street address (if different from mailing address): _____ City: _____ State: _____ ZIP code: _____ County: _____			
4. Employer representative: An employer must identify a representative to coordinate with SharedWork Program staff regarding the employer plan and eligible employee claims. Employer representatives must report changes and respond to written requests for information within 10 days . Representatives also must be easily available to program staff.			
Primary employer representative:		Alternate employer representative:	
Name: _____		Name: _____	
Job title: _____		Job title: _____	
Email: _____		Email: _____	
Phone: _____ Ext.: _____		Phone: _____ Ext.: _____	
Fax: _____		Fax: _____	
If not located at address above, provide location. Address: _____		If not located at address above, provide location. Address: _____	
City: _____ State: _____		City: _____ State: _____	
5. Is your business experiencing an economic downturn? <input type="checkbox"/> Yes <input type="checkbox"/> Maybe			
6. What date did you or will you reduced hours? _____ (month/day/year)			
7. How many employees are you submitting to participate in SharedWork? (Complete the attached employer plan employee list below.) _____			
8. Estimate how many jobs will be saved by using the SharedWork Program. _____			
9. How will you give advance notice to affected employees whose hours are or will be reduced? <input type="checkbox"/> Memo or letter <input type="checkbox"/> Email <input type="checkbox"/> Staff meeting <input type="checkbox"/> Other: _____			
If advance notice is not possible, please state why: _____			

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Remember to:
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 - Sign and date all forms
 - Obtain the signature for the collective bargaining agent, if applicable.



Employment Security Department
WASHINGTON STATE

SharedWork
EMPLOYER PLAN APPLICATION

Please print or type the following information.
Answer all questions and sign to complete.

Submit this form by fax to 800-701-7754
or upload at [SharedWork upload](#)
Questions? Call 800-752-2500

1. Employment Security Department (ESD) number: _____
Find this number on your ESD tax statement.

2. Employer Name: _____ DBA: _____

3. Mailing Address: _____

City: _____ State: _____ ZIP code: _____ County: _____

Physical Location/Street Address (if different from mailing): _____

City: _____ State: _____ ZIP code: _____ County: _____

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Remember to:
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 - Sign and date all forms
 - Obtain the signature for the collective bargaining agent, if applicable.

4. Employer representative: An employer must identify a representative to coordinate with SharedWork Program staff regarding the employer plan and eligible employee claims. Employer representatives must report changes and respond to written requests for information within 10 days. Representatives also must be easily available to program staff.

Primary employer representative:	Alternative employer representative:
Name: <input type="text"/>	Name: <input type="text"/>
Job title: <input type="text"/>	Job title: <input type="text"/>
Email: <input type="text"/>	Email: <input type="text"/>
Phone: <input type="text"/> Ext.: <input type="text"/>	Phone: <input type="text"/> Ext.: <input type="text"/>
Fax: <input type="text"/>	Fax: <input type="text"/>

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2. Here you can [Upload all documents](#) directly to the SharedWork Unit, or Fax to 800-701-7754
Remember to:
 - Include your company's name in the file name
 - Sign and date all forms
 - Obtain the signature for the collective bargaining agent, if applicable.

5. Is your business experiencing an economic downturn? Yes Maybe

6. What date did you or will you reduce hours? _____
MM/DD/YYYY

7. How many employees are you submitting to participate in SharedWork?
(Complete the REQUIRED employer plan employee list.) _____

8. Estimate how many jobs will be saved by using the SharedWork Program? _____

9. How will you give advance notice to affected employees whose hours are or will be reduced?
 Email Memo or letter Staff meeting Other: _____

If advance notice is not possible, please state why: _____

10. How did you hear about the SharedWork Program? Association Chamber of Commerce
 Conference Email Outreach Webinar local WorkSource business services team
 Other: _____

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2. Here you can [Upload all documents](#) directly to the SharedWork Unit, or Fax to 800-701-7754

Remember to:

- Include your company's name in the file name
- Sign and date all forms
- Obtain the signature for the collective bargaining agent, if applicable.

11. a) How many of your participating employee are union represented? _____ N/A

b) **Employer union affiliation information (if applicable):** The employer's SharedWork plan must be approved in writing by the collective bargaining agent for each affected collective bargaining agreement covering any affected employee. **Approval signature(s) are required to process this application.**

Union: _____ Local: _____	Union: _____ Local: _____
Phone: _____ Ext.: _____	Phone: _____ Ext.: _____
<u>Authorized union representative name</u>	<u>Authorized union representative name</u>
Print: _____ print name	Print: _____ print name
Signature: _____	Signature: _____

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2. Here you can [Upload all documents](#) directly to the SharedWork Unit, or Fax to 800-701-7754
Remember to:
 - Include your company's name in the file name
 - Sign and date all forms
 - Obtain the signature for the collective bargaining agent, if applicable.

By signing below, I, _____ certify that I am authorized to sign this document on behalf of the employer and that all information provided on this application is true and correct.

Signature: _____ Title: _____ Date: _____
Owner, Proprietor, CEO, CFO, CO, GM, HR Manager, Payroll Manager MM/DD/YYYY

NEXT [Click here to complete the employer plan employee list](#). We can only process completed applications.

The Employment Security Department is an equal opportunity employer/programs. Auxiliary aids and services are available upon request to individuals with disabilities. Language assistance services for limited English proficient individuals are available free of charge.
Washington Relay Service: 711 32-974, EMS 10422

Apply online – quick and easy

Apply through eServices

If you have ever paid taxes online with EAMS (Employer Account Management Services), you must use the same SAW account.

secure.esd.wa.gov - [Link to site](#)

Questions?

For help signing into eServices, see <https://esd.wa.gov/unemployment/technical-support>.

SAW Help Desk 855-682-0785

The screenshot shows the Employment Security Department (ESD) website for Washington State. The header includes the ESD logo, the text "Employment Security Department WASHINGTON STATE", and a link for "Español". The main heading is "Sign in for eServices". Below this, there is a search bar with the text "Find answers to your questions about eServices accounts at esd.wa.gov/unemployment/technical-support". A warning box titled "Avoid unemployment scams" states that unemployment benefits are a target for scammers and provides a link to esd.wa.gov/unemployment/unemployment-scams. The page is divided into two columns: "Individuals" and "Employers". The "Individuals" column lists actions such as applying for benefits, submitting claims, and managing unemployment benefits. The "Employers" column lists actions like paying taxes, applying for SharedWork, and managing employee claims. Below these columns, there is a section for "SecureAccess Washington (SAW)" which includes a login form with fields for "Username" and "Password", and a "Sign in" button. A link for "Having trouble signing in?" is also present. To the right of the login form, there are sections for "Need an account?" and "Already have a SAW account?". The "Need an account?" section explains that users must create a SAW account and provides a link to [What is SAW?](#). The "Already have a SAW account?" section explains that SAW is a protected sign-on service and provides a link to [see if you have a SAW account](#). At the bottom right, there is a "Create new account" button and a footer with the text "We use SecureAccess Washington to protect your personal information" and the SAW logo.

Contact SharedWork

Employers can verify their eligibility in minutes and get answers by calling 800-752-2500 and choosing Option 3.

800-752-2500

8am to 4pm, Monday through Friday

Option 1 – Claims

Option 2 – Existing Plans

Option 3 – New Plan Inquiry

Option 4 – I was asked to call

Option 8 – Spanish

sharedworkplansect@esd.wa.gov

More ways to learn about SharedWork

- Watch our SharedWork Program overview on [Youtube](#).
- The SharedWork program will be hosting many regional webinars for employers in Washington. [ESDWAGOV - Employer resources webinar series](#)
- **Wednesdays 10:45 a.m.** | [SharedWork Q&A for businesses webinar](#).
- Download the [SharedWork info card](#).

Q&A



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Thank you for joining us today