

## Washington State Food Production Paid Leave Request

I, \_\_\_\_\_ verify I am requesting emergency paid sick leave for food production workers for the following dates: \_\_\_\_\_.

### Emergency Paid Sick Leave

Leave will be provided up to two weeks, compensated at a rate equal to \$430 for 40 hours, up to a maximum of \$860 for 80 hours and is applicable for any of the following circumstances:

- a) Subject to a federal, state, or local quarantine or isolation order related to COVID-19
- b) Advised by a health care official or provider to self-quarantine or self-isolate due to concerns related to or a positive diagnosis of COVID-19
- c) Prohibited from working due to health concerns related to the potential transmission of COVID-19
- d) Experiencing COVID-19 symptoms and seeking a medical diagnosis

*Please check all that apply.*

#### **A) Subject to a federal, state or local quarantine or isolation order related to COVID-19**

- A state or local order has required that I isolate or quarantine.
- A copy of the order is attached.
- My supervisor has confirmed there is no work option available for me.

#### **B) Advised by a health care official or provider to self-quarantine or self-isolate due to concerns related to or a positive diagnosis of COVID-19**

- I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19 and I am unable to work as a result.
- Written documentation from the health care provider is attached.
- My supervisor has confirmed there is no work option available for me.

#### **C) Prohibited from working due to health concerns related to the potential transmission of COVID-19**

- I am experiencing COVID-19 symptoms and as a result, am unable to work.
- Written documentation from the employer, healthcare provider, or local health jurisdiction is attached.
- My supervisor has confirmed there is no work option available for me.

#### **D) Experiencing COVID-19 Symptoms and seeking medical attention**

- I am experiencing COVID-19 symptoms and seeking a medical diagnosis and as a result, I am unable to work.
- Written documentation from the health care provider verifying medical attention will be provided once completed.
- My supervisor has confirmed there is no work option available for me.

\_\_\_\_\_  
**Employee's Signature**

\_\_\_\_\_  
**Date**

*This form is to be held on file by the employer for a minimum time period of 6 years to be accessed as verification of eligibility in the event of an audit.*

***This section to be completed by the employer.***

\_\_\_\_\_  
Employer name

\_\_\_\_\_  
UBI number

The following certifies the above listed business is a covered employer and employee accessing emergency paid leave is a covered worker under Proclamation 20-67, defined as follows:

**Covered Employers**

To the extent the Employer engages the services of any individual outside of the Employer's immediate family, Employers subject to this Proclamation include those operating:

- a) Orchards, fields, and dairies;
- b) All other industries expressly identified in WAC 296-307-006, except timber tracts, Christmas tree growing, tree farms, forest nurseries, and forestry services;
- c) Fruit- and vegetable-packing warehouses, whether owned by the grower or producer or not; and
- d) Meat and seafood processors and packers, including those falling under the 3116 and 3117 NAICS industry codes.

Employers covered by this proclamation include farm labor contractors under chapter 49.30 RCW if paying wages to a Covered Worker

**Covered Workers**

Covered Workers under this Proclamation are defined as food production workers who have commenced providing services to a covered Employer. Covered Workers include, but are not limited to:

- e) Domestic workers, i.e., Washington State-based workers, including those domiciled in Washington;
- f) "Seasonal or migrant workers," as defined by the federal Migrant and Seasonal Agricultural Worker Protection Act (MSPA); and
- g) Temporary foreign workers who are lawfully present in the United States to perform agricultural labor or services of a temporary or seasonal nature pursuant to Title 8 U.S.C. Sec. 1101(a)(15)(H)(ii)(a) of the immigration and nationality act.

Workers not covered under this Proclamation include Workers who are subject to and provided leave under the FFCRA.

Covered Workers do not have to be classified by the hiring entity of Employer as an employee to be covered.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Email