

Paid Sick Leave Increments of Use Variance Application

[WAC 296-128-630](#) requires increments of use for paid sick leave consistent with an employer's established payroll systems and practices, but no more than in one-hour increments, unless the employer has an approved variance from the Department of Labor & Industries as provided in [WAC 296-128-640](#). The department will grant a variance from the increments of paid sick leave usage only when an employer establishes good cause in a written application. "Good cause" means situations where an employer can establish that compliance with the requirement for increments of use are infeasible, and that granting a variance does not have a significant harmful effect on the health, safety, and welfare of the involved employees.

Notice to employees

The employer must provide to the involved employees and, if applicable, to their union representatives, the following information:

- A copy of the written request for a variance.
- Information about the right to be heard by the department during the variance application review process.
- Information about the process by which involved employees and, if applicable, their union representatives, may make a written request to the director for reconsideration.
- The department's contact information as listed on Page 1 of the application.

The variance application also must include documentation showing that the employer provided the required information to the other affected parties.

The department allows the employer, any involved employees and, if applicable, their union representatives, the opportunity for oral or written presentation during the variance application review process. The request to provide a presentation should be made in writing to the department and copied to the other affected parties. The department will contact the parties to make arrangements for the presentation of information.

Timeline for review

The department will issue a written decision either granting or denying the variance within sixty days after the receipt of the application. The department may extend the sixty-day time period by providing advance written notice to affected parties setting forth a reasonable justification for an extension of the sixty-day time period, and specifying the duration of the extension. The employer must provide the involved employees with notice about any such extension.

Temporary variances

The department may issue a temporary variance pending further review by the department. If the employer requests a temporary variance while its variance application is pending, the employer should indicate why a temporary variance is warranted in its application. An employer does not need to provide documentation showing that it has provided the required information to have a temporary variance granted, but must provide it before the department can grant the variance. The temporary variance will remain valid until the department determines whether good cause exists for issuing a variance.

Variance decision and requests for reconsideration

When the department provides a variance, the employer must provide notice to all employees of the applicable increments of use requirements that apply within fifteen (15) days of receiving the approval notification from the department.

An employer, involved employee and, if applicable, their union representatives, may file with the director a request for reconsideration within fifteen (15) days after receiving notice of the variance determination. The director may grant reconsideration of the variance, but the variance will remain in place pending a final decision.

Termination

The director may revoke or terminate a variance order at any time after giving the employer at least thirty (30) days notice before revoking or terminating the order.



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Employment Standards Program
PO Box 44510
Olympia WA 98504-4510
Email: PSLVariances@Lni.wa.gov
Questions? Call 360-902-5316

- New Application
 Renewal/Updated Application

Complete this form in full. The employer may attach additional information on separate pages.

Business Information

Firm Name	UBI Number	
Address		
City	State	Zip Code
Business Telephone Number	Business Fax Number	
Point of Contact Name	Point of Contact Telephone Number	
Point of Contact Email Address		

Variance Information

<p>Please describe your current payroll system and practice for tracking increments of work. <i>For example, if you track increments of work for the purposes of compensation in 15 minute increments, specify "15 minutes".</i></p>
Requested paid sick leave increments of use
Group of employees for whom the variance is sought
Number of employees affected by this variance request
What is the reason compliance with the requirements for increments of use are infeasible?
Please provide justification that the requested increments of use would not have a significant harmful effect on the health, safety, and welfare of the involved employees.
<p>Is temporary variance necessary? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", for what reason?</p>

Did you provide the following information to your employees:

- Yes No A copy of this variance request?
- Yes No Information about the right to be heard by the department during the variance application review process?
- Yes No Information about the process by which involved employees and, if applicable, their union representatives, may make a written request to the director for reconsideration?
- Yes No The department's address and phone number or other contact information?

Your application will not be considered complete until you provide evidence that employees have received a copy of this variance request and the information listed above.

For Businesses with Collective Bargaining Agreements

Do the collective bargaining agreements set forth increments of use of paid sick leave?

Yes No

If "Yes", please attach the pertinent language from the collective bargaining agreements.

Name of Union Having Jurisdiction

Union Telephone Number

Union Email Address

Union Address

City

State

Zip Code

Print Name of Union Official

Signature of Union Official

Date

Additional Information and Comments:

Applicant Signature

Print Name

Title

Signature

Date

A variance may be revoked at any time by the department should circumstances warrant, providing the employer is notified by the department of the termination at least 30 days prior to the effective date.