Human Resources Office

- Mary E. Sarti, Executive Director/Chancellor JCL, M.Div., SPHR, SHRM-SCP
- Denise Aubuchon, Director, SPHR, SHRM-SCP
- Matt Bassett, Assistant Director, SPHR, SHRM-SCP
- Jennifer Clemens, Assistant Director, SPHR, SHRM-SCP
- Eric Yoo, HR Generalist, SHRM-SCP

AGENDA

- Umpqua Compliance
- Data Integrity
- I-9s / W-4s
- Compositions
- Unemployment Insurance / Apprentices: Transition Assistant
- Washington Medline Wage
- Washington Sick Leave
Top Reasons Given for Employees Not Entering Own Time in Ulipro:

- Employee has no computer
- Technology is too difficult
- Language barriers
- Employees (稀缺) employees do not understand the need
- Teachers are "too busy"
- Motivated are very part-time
- Mac users
Advantages

- Empowers each employee to manage his/her own time entry
- Accurate and non-disputable electronic records of employee hours worked and time away from work
- Reduces bookkeepers’ workloads
- Eliminates the need for hard copy records
- Reduces wage and hour liabilities

Potential Liabilities for Non-Compliance

- Bookkeepers may not know who has taken vacation or sick leave with the result of inaccurate records. Remember – parishes and schools owe employees pay for any accrued but unused vacation at termination.
- Supervisors or others who are entering an employee’s time may be liable for wage and hour claims.
- The Archdiocese of Seattle may also be liable for wage and hour claims.

How to Address

- Provide training to employees
- Provide computer access
- Inform employees that entering time is a policy of the Archdiocese and non-compliance becomes a supervisory issue
- Determine appropriate delegation of approval at each location
- Create a reminder system for employees
Purpose of Data Integrity

- To maintain and ensure the accuracy and consistency of our personnel data.
- Allows our organization to make more informed decisions for future projects and initiatives.
- Ability to trust the data for compliance related reports and projects.

Key UltiPro Data Fields

- Job Code
  - If unsure, please contact Human Resources with a map to the job description.
- Time Management: For example, pay policy, pay type, and employee access groups.
- Choose the correct Time Management and Email Group fields in UltiPro that match the FLSA classification of the job code you have chosen.
  - Biweekly = Biweekly
  - Monthly = Monthly
- Attendance: Biweekly, part-time, full-time.

Compliance

- Please review your current I-9 to make sure they are correctly entered.
- Employee Review and Attestation (Document)
- Correcting Form I-9 (Document)
- Please use the new Form W-4 (2018) form for all incoming new hires.
  - Do not direct deposit your employee's previous W-4 form.
- Online background: training for all employees to be rolled out this year.
Compensation

- Parish salary structure
- Zones
- Job Family Guide
- Schools study in progress
- Non-certificated positions
- Certificated positions in light of the McCleary Decision
- Fair Labor Standards Act (FLSA) Update

McClean Decision & Impact

- In January 2012, the WA state supreme court ordered the state to fully fund K-12 public schools.
- Impacts to certificated staff pay for the 2019-2020 school year
  - Minimum base pay: $40,000
  - Maximum base pay: $95,000
  - Regional factor, specialty rating, Extra-curricular duties and Certificated added pay considerations on top of base pay

FLSA Update

- No increase to the exempt salary threshold to $67,476/year or $913/week, which was intended to take effect on December 1, 2016.
- Current exempt salary threshold is $35,600 or $550/week
- New proposed rule to be voted in 2018
- Speculation that the exempt salary threshold in the new rule will be in the $50,000-$55,000 range.
- Continue to ensure all positions considered exempt meet the duties test(s)
Washington State Initiative 1433
Approved by Washington voters in fall 2016, contains 4 primary changes to state law:

What's New

- Requires employers to provide paid sick leave to more employees beginning Jan. 1, 2018.
- Increases the minimum wage over the next several years.
- Ensuring tips and service charges are given to the appropriate staff.
- Protects employees from retaliation when exercising their rights under the Minimum Wage Requirements and Labor Standards Act.

New Minimum Wage

2018 minimum wage: $11.50 per hour

- The minimum wage applies to all jobs, including agriculture.
- Employers must pay employees age 16 and older at least $11.50 per hour in 2018. (app.wag заявил)
- Employees are allowed to pay 51 percent of the minimum wage by employees under age 16.
- Seattle, Tacoma, and the City of SeaTac currently have higher minimum wage rates. The local rate applies if it is higher than the state minimum wage rate.
- The initiative does not change overtime pay requirements.
SICK LEAVE IN WASHINGTON STATE
AS OF JANUARY 1, 2018

- Every employee now has sick leave
- Sick leave accounts can no longer have an "accumulation cap"
  There is now a "recovery cap" - see HR's calendar for details
- There will be two sick leave plans
  - Our current plan for employees working 30 or more hours/week with a volume cap of 510 hours
  - Vacan 30% of 2017's volume + 10%
  - New plan for all other employees with a volume cap of 72 hours/week
  - 10% of base / 50% worked

Sick Leave Policy Revision

- You will find a copy of the revised Sick Leave Policy & Appendix

Sick Leave Notice

- Every employee must receive a notice of this law:
  - They must sign the notice
  - They get a copy
  - And a copy must be retained in their personnel file
Sample Notice

- There is a copy of the required notice for all new employees at hire

Sick Leave Balance & Protections

- All former sick leave balances must be released for resuming or transferring employees if resuming within our year (except if they return after the first of the year then they may be reset to their rollover limit)
- There are new protections granted to employees regarding the legitimate use of sick leave.
  - You need to contact HR before taking exception to an employee’s use of their sick leave.
Q1 At your location, do all your employees enter their own time?

Answered: 121

Yes: 33 (27.27%)
No: 88 (72.73%)
Total: 121
How to Enter Hours in UltiPro

1. Log into UltiPro: https://n22.ultipro.com/login.aspx
   Your username: ______________
   Password: ______________

2. Select **4000 Archdiocese of Seattle Payroll Svc** from the company list.

3. Under the “Myself” tab, select **Time Management**. A new window will open. If new window does not appear, look for popup blocker and turn off.

   **Exempt employees: COMPLETE STEP 5 ONLY.**

4. The new window contains a timesheet where hours need to be entered. To enter hours, select a Pay Code from the drop down menu. For the most part you will only use Code “11 [Regular Hours]”. After selecting the code, enter hours worked for each day in that week. You will need to reselect the Pay Code again for entering hours in the second week. THEN CLICK SAVE (upper left).

5. If you also have sick, vacation, or personal time to enter, click the PLUS SIGN to the right of TOTAL to add extra rows. Select the second Pay Code, enter your hours, and CLICK SAVE (upper left). Enter additional rows for additional pay codes as needed. Once all hours have been entered for a two-week period, CLICK SUBMIT (upper left).

6. That’s it!
Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name) | First Name (Given Name) | Middle Initial | Other Last Names Used (if any)

Address (Street Number and Name) | Apt Number | City or Town | State | ZIP Code

Date of Birth (mm/dd/yyyy) | U.S. Social Security Number | Employer’s E-mail Address | Employer’s Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

☐ 1. A citizen of the United States
☐ 2. A noncitizen national of the United States (See instructions)
☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number): ________________
☐ 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy):

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

☐ 1. Alien Registration Number/USCIS Number: ________________________________
☐ 2. Form I-94 Admission Number: ________________________________
☐ 3. Foreign Passport Number: ________________________________

Country of Issuance: ________________________________

Signature of Employee: ________________________________

Today’s Date (mm/dd/yyyy)

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1. (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator: ________________________________

Today’s Date (mm/dd/yyyy)

Last Name (Family Name) | First Name (Given Name)

Address (Street Number and Name) | City or Town | State | ZIP Code
Section 2. Employer or Authorized Representative Review and Verification

Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A or a combination of one document from List B and one document from List C as listed on the "List of Acceptable Documents."

<table>
<thead>
<tr>
<th>Employee Info from Section 1</th>
<th>List A Identity and Employment Authorization</th>
<th>List B Identity</th>
<th>AND</th>
<th>List C Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name (Family Name)</td>
<td>Document Title</td>
<td>Document Title</td>
<td>Document Title</td>
<td></td>
</tr>
<tr>
<td>First Name (Given Name)</td>
<td>Issuing Authority</td>
<td>Issuing Authority</td>
<td></td>
<td></td>
</tr>
<tr>
<td>M I</td>
<td>Document Number</td>
<td>Document Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Citizenship/Immigration Status</td>
<td>Expiration Date (mm/dd/yyyy)</td>
<td>Expiration Date (mm/dd/yyyy)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Issuing Authority</th>
<th>Document Number</th>
<th>Expiration Date (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Document Title</td>
<td>Issuing Authority</td>
<td>Document Number</td>
<td>Expiration Date (mm/dd/yyyy)</td>
</tr>
<tr>
<td>Document Title</td>
<td>Issuing Authority</td>
<td>Document Number</td>
<td>Expiration Date (mm/dd/yyyy)</td>
</tr>
</tbody>
</table>

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): (See instructions for exemptions)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today's Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Last Name of Employer or Authorized Representative</th>
<th>First Name of Employer or Authorized Representative</th>
<th>Employer’s Business or Organization Name</th>
</tr>
</thead>
</table>

Employer’s Business or Organization Address (Street Number and Name) : City or Town : State : Zip Code

Section 3. Reverification and Rehires

(To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

B. Date of Rehire (if applicable)

<table>
<thead>
<tr>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title : Document Number : Expiration Date (if any) (mm/dd/yyyy)

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative : Today's Date (mm/dd/yyyy) : Name of Employer or Authorized Representative
# LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

<table>
<thead>
<tr>
<th>LIST A</th>
<th>LIST B</th>
<th>LIST C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documents that Establish Both Identity and Employment Authorization</td>
<td>Documents that Establish Identity and Employment Authorization</td>
<td>Documents that Establish Employment Authorization</td>
</tr>
<tr>
<td>1. U.S. Passport or U.S. Passport Card</td>
<td>1. Driver’s license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
<td>1. A Social Security Account Number card, unless the card includes one of the following restrictions:</td>
</tr>
<tr>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
<td>(1) NOT VALID FOR EMPLOYMENT</td>
</tr>
<tr>
<td>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td>3. School ID card with a photograph</td>
<td>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</td>
</tr>
<tr>
<td>4. Employment Authorization Document that contains a photograph (Form I-765)</td>
<td>4. Voter’s registration card</td>
<td>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
</tr>
<tr>
<td>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</td>
<td>5. U.S. Military card or draft record</td>
<td>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</td>
</tr>
<tr>
<td>a. Foreign passport; and</td>
<td>6. Military dependent’s ID card</td>
<td>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</td>
</tr>
<tr>
<td>b. Form I-94 or Form I-94A that has the following:</td>
<td>7. U.S. Coast Guard Merchant Mariner Card</td>
<td>4. Native American tribal document</td>
</tr>
<tr>
<td>(1) The same name as the passport; and</td>
<td>8. Native American tribal document</td>
<td>5. U.S. Citizen ID Card (Form I-197)</td>
</tr>
<tr>
<td>(2) An endorsement of the alien’s nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</td>
<td>9. Driver’s license issued by a Canadian government authority</td>
<td>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
</tr>
<tr>
<td>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</td>
<td>For persons under age 13 who are unable to present a document listed above:</td>
<td>7. Employment authorization document issued by the Department of Homeland Security</td>
</tr>
<tr>
<td>10. School record or report card</td>
<td>10. School record or report card</td>
<td></td>
</tr>
<tr>
<td>11. Clinic, doctor, or hospital record</td>
<td>11. Clinic, doctor, or hospital record</td>
<td></td>
</tr>
<tr>
<td>12. Day-care or nursery school record</td>
<td>12. Day-care or nursery school record</td>
<td></td>
</tr>
</tbody>
</table>

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.
Completing Section 2, Employer Review and Attestation

Employers must complete and sign Section 2 of Form I-9, Employment Eligibility Verification, within 3 business days of the date of hire of their employee (the hire date means the first day of work for pay). For example, if your employee began work for pay on Monday, you must complete Section 2 by Thursday of that week. If the job lasts less than 3 days, you must complete Section 2 no later than the first day of work for pay.

First Day of Work

Employee completes Section 1

Form I-9 Due

Employer completes Section 2

Employee Responsibilities for Section 2

Employees must present unexpired original documentation that shows the employer their identity and employment authorization. Your employees choose which documentation to present.

EMPLOYEES MUST PRESENT:

☑ One document from List A; or

☑ One document from List B in combination with one document from List C

Note:

- List A contains documents that show both identity and employment authorization
- List B documents only show identity only
- List C documents only show employment authorization only

In certain circumstances, your employee may present an acceptable receipt in place of a List A, B, or C document. Receipts only temporarily satisfy the document presentation requirement for Section 2. If you participate in E-Verify, you may only accept List B documents that contain a photo.
Employer Responsibilities for Section 2

An employer or an authorized representative of the employer completes Section 2. Employers or their authorized representatives must physically examine the documentation presented by the employee and sign the form.

THE EMPLOYER OR AUTHORIZED REPRESENTATIVE MUST:

☑ Enter the employee’s last name, first name, middle initial and select the correct citizenship/immigration number in the “Employee Info from Section 1” area at the top of Section 2.

☑ Ensure that any document your employee presents is original and on the Lists of Acceptable Documents or is an acceptable receipt.

☑ Physically examine each document to determine if it reasonably appears to be genuine and to relate to your employee presenting it. If you determine the document does not reasonably appear to be genuine and relate to your employee, allow your employee to present other documentation from the Lists of Acceptable Documents.

☑ Enter your employee’s Last Name, First Name and Middle Initial (if provided) from Section 1.

☑ Enter the document title, issuing authority, number(s) and expiration date (if any) from the original document(s) your employee presented.

☑ Enter the date your employee began or will begin work for pay.

☑ Enter the first and last name, signature and title of the person completing Section 2, as well as the date he or she completed Section 2.

☑ Enter the employer’s business name and address. If your company has multiple locations, use the most appropriate address that identifies the location of the employer with respect to the employee and his or her Form I-9 completion (for example, the address where Form I-9 is completed).

☑ Return the documentation presented back to your employee.

Entering Dates in Section 2

SECTION 2 INCLUDES TWO SPACES THAT REQUIRE DATES. THESE SPACES ARE FOR:

● Your employee’s first day of employment ("date of hire" which means the commencement of employment of an employee for wages or other remuneration).

● The date you examined the documentation your employee presented to show identity and employment authorization.

The Date the Employee Began Employment

THE DATE YOUR EMPLOYEE BEGAN EMPLOYMENT MAY BE A CURRENT, PAST OR FUTURE DATE. YOU SHOULD ENTER:

● A current date

 ● If Section 2 is completed the same day your employee begins employment for wages or other remuneration.
- A past date
  - If Section 2 is completed after your employee began employment for wages or other remuneration. Enter the actual date your employee began employment for wages or other remuneration.

- A future date
  - If Section 2 is completed after the employee accepts the job offer but before he or she will begin employment for wages or other remuneration, enter the date the employee expects to begin such employment. If the employee begins employment on a different date, cross out the expected start date and write in the correct start date. Date and initial the correction.

**FEDERAL CONTRACTORS COMPLETING FORM I-9 FOR EXISTING EMPLOYEES AS A RESULT OF AN AWARD OF A FEDERAL CONTRACT WITH THE FAR E-VERIFY CLAUSE (PDF, 378 KB):**

- Enter the date their employees first began employment for wages or other remuneration from Section 2 of their previously completed Form I-9.

**The Date the Employer Examined the Employee’s Documents**

This date is the actual date you complete Section 2 by examining the documentation your employee presents and signing the certification.
Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee’s first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

<table>
<thead>
<tr>
<th>Employee Info from Section 1</th>
<th>List A</th>
<th>Center</th>
<th>List B</th>
<th>List C</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name (Given Name)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Last Name (Family Name)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>M.I.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Citizenship/Immigration Status</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Identity and Employment Authorization</th>
<th>Document Title</th>
<th>Document Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>U.S. Passport</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Department of State</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document Title</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Issuing Authority</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Document Number</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Expiration Date (if any): mm/dd/yyyy</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Additional Information</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee’s first day of employment (mm/dd/yyyy): See Above

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today's Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Jane Doe</td>
<td></td>
<td>Manager</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name of Employer or Authorized Representative</th>
<th>First Name of Employer or Authorized Representative</th>
<th>Employer's Business or Organization Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doe</td>
<td>Jane</td>
<td>America's Business</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employee's Business or Organization Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>123 Star Spangled Way</td>
<td>Washington</td>
<td>DC</td>
<td>00000</td>
</tr>
</tbody>
</table>

If your employee is a minor (under age 18), has a disability (special placement), or presents documents with which you are not familiar, please see Special Categories on how to complete Form I-9. If you still need help, please contact Form I-9 Customer Support.

More Information

Handbook for Employers M-274

Take a Free Webinar

E-Verify Lists

Form I-9 Desktop Widget

E-Verify Connection Newsletter
Correcting Form I-9

Employers may only correct errors made in Section 2 or Section 3 of Form I-9, Employment Eligibility Verification.

If you discover an error in Section 1 of an employee’s Form I-9, you should ask your employee to correct the error.

To correct the form:

- Draw a line through the incorrect information.
- Enter the correct information.
- Initial and date the correction.

To correct multiple, recording errors on the form, you may redo the section on a new Form I-9 and attach it to the old form. A new Form I-9 can also be completed if major errors (such as entire sections being left blank or Section 2 being completed based on unacceptable documents) need to be corrected. A note should be included in the file regarding the reason you made changes to an existing Form I-9 or completed a new Form I-9.

Be sure not to conceal any changes made on the form (other than simple notation errors when copying document information). Doing so may lead to increased liability under federal immigration law.

If you have made changes on a Form I-9 using correction fluid, we recommend that you attach a signed and dated note to the corrected Forms I-9 explaining what happened.

U.S. Immigration Customs and Enforcement and the Immigrant and Employee Rights Section (IER) have provided joint guidance to help employers perform internal audits. Audits allow employers to ensure Forms I-9 have been completed correctly, and to make corrections if errors are found. Learn more about Guidance for Employers Conducting Internal Employment Eligibility Verification Form I-9 Audits.

More Information

Handbook for Employers M-274

Take a Free Webinar

E-Verify Listens

Form I-9 Desktop Widget

E-Verify Connection Newsletter
Form W-4 (2018)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2018 if both of the following apply:
• For 2017 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
• For 2018 you expect a refund of all federal income tax withheld because you expect to have no tax liability.

If you’re exempt, complete only lines 1, 2, 3, 4, 5, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions
If you aren’t exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages. You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can use this calculator to see how the amount of tax you’re having withheld compares to your projected total tax for 2018. If you use the calculator, you don’t need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you’re married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

Nonresident alien. If you’re a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

Employee’s Withholding Allowance Certificate

Whether you’re entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

Employee’s name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)

Date

For Privacy Act and Paperwork Reduction Act Notice, see page 4.
your wages and other income, including income earned by a spouse, during the year.

**Line G. Other credits.** You might be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as the earned income tax credit and tax credits for education and child care expenses. If you do so, your paycheck will be larger but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account.

**Deductions, Adjustments, and Additional Income Worksheet**

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't want to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income, such as interest or dividend income.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

**Two-Earners/Multiple Jobs Worksheet**

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn $60,000 per year and your spouse earns $20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero ("0") on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

**Tip:** If you have a working spouse and your incomes are similar, you can check the "Married, but withhold at lower Single rate" box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the "Married, but withhold at lower Single rate" box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

**Instructions for Employer**

**Employees:** Do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

**New hire reporting.** Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9, and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn’t previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/programs/cw/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows:

**Box 8.** Enter the employer’s name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

**Box 9.** Enter the employer’s name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the employer’s last date of employment, which is the date services for payment were first performed by the employee. If the employer rehires the employee after the employee had been separated from the employer’s service for at least 60 days, enter the rehire date.

**Box 10.** Enter the employer’s employer identification number (EIN).
**Personal Allowances Worksheet (Keep for your records.)**

<table>
<thead>
<tr>
<th>A</th>
<th>Enter &quot;1&quot; for yourself</th>
<th></th>
<th></th>
<th>A</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>Enter &quot;1&quot; if you will file as married filing jointly.</td>
<td></td>
<td></td>
<td>B</td>
</tr>
<tr>
<td>C</td>
<td>Enter &quot;1&quot; if you will file as head of household</td>
<td></td>
<td></td>
<td>C</td>
</tr>
<tr>
<td>D</td>
<td>Enter &quot;1&quot; if:</td>
<td></td>
<td></td>
<td>D</td>
</tr>
<tr>
<td></td>
<td>• You're single, or married filing separately, and have only one job; or</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• You're married filing jointly, have only one job, and your spouse doesn't work; or</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Your wages from a second job or your spouse's wages (or the total of both) are $1,500 or less.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E</td>
<td><strong>Child tax credit.</strong> See Pub. 972, Child Tax Credit, for more information.</td>
<td></td>
<td></td>
<td>E</td>
</tr>
<tr>
<td></td>
<td>• If your total income will be less than $99,801 ($101,401 if married filing jointly), enter &quot;4&quot; for each eligible child.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• If your total income will be from $99,801 to $175,550 ($101,401 to $339,000 if married filing jointly), enter &quot;2&quot; for each eligible child.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• If your total income will be from $175,551 to $220,000 ($339,001 to $400,000 if married filing jointly), enter &quot;1&quot; for each eligible child.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• If your total income will be higher than $200,000 ($400,000 if married filing jointly), enter &quot;0-&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F</td>
<td><strong>Credit for other dependents.</strong></td>
<td></td>
<td></td>
<td>F</td>
</tr>
<tr>
<td></td>
<td>• If your total income will be less than $69,601 ($101,401 if married filing jointly), enter &quot;1&quot; for each eligible dependent.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• If your total income will be from $69,601 to $175,550 ($101,401 to $339,000 if married filing jointly), enter &quot;1&quot; for every two dependents (for example, &quot;0-&quot; for one dependent, &quot;1&quot; if you have two or three dependents, and &quot;2&quot; if you have four dependents).</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• If your total income will be higher than $175,550 ($339,000 if married filing jointly), enter &quot;0-&quot;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G</td>
<td><strong>Other credits.</strong> If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here</td>
<td></td>
<td></td>
<td>G</td>
</tr>
<tr>
<td>H</td>
<td>Add lines A through G and enter the total here</td>
<td></td>
<td></td>
<td>H</td>
</tr>
</tbody>
</table>

**For accuracy, complete all worksheets that apply.**

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, or if you have a large amount of nonwage income and want to increase your withholding, see the Deductions, Adjustments, and Additional Income Worksheet below.
- If you have more than one job at a time or are married filing jointly and you and your spouse both work, and the combined earnings from all jobs exceed $52,000 ($24,000 if married filing jointly), see the Two-Earners/Multiple Jobs Worksheet on page 4 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 9 of Form W-4 above.

**Deductions, Adjustments, and Additional Income Worksheet**

Note: Use this worksheet only if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income.

1. Enter an estimate of your 2018 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 7.5% of your income. See Pub. 505 for details | 1 $__________ |
2. Enter: | 2 $__________ |
   - $24,000 if you're married filing jointly or qualifying widow(er) |
   - $18,000 if you're head of household |
   - $12,000 if you're single or married filing separately |
3. Subtract line 2 from line 1, if zero or less, enter "0-" | 3 $__________ |
4. Enter an estimate of your 2018 adjustments to income and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) | 4 $__________ |
5. Add lines 3 and 4 and enter the total | 5 $__________ |
6. Enter an estimate of your 2018 nonwage income (such as dividends or interest) | 6 $__________ |
7. Subtract line 6 from line 5. If zero, enter "0-", if less than zero, enter the amount in parentheses | 7 $__________ |
8. Divide the amount on line 7 by $4,150 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction | 8 |
9. Enter the number from the Personal Allowances Worksheet, line H above | 9 |
10. Add lines 8 and 9 and enter the total here. If zero or less, enter "0-". If you plan to use the Two-Earners/Multiple Jobs Worksheet, also enter this total on line 1, page 4. Otherwise, stop here and enter this total on Form W-4, line 9, page 1 | 10 |
Two-Earner/Multiple Jobs Worksheet

Note: Use this worksheet only if the instructions under line 11 from the Personal Allowances Worksheet direct you here.

1. Enter the number from the Personal Allowances Worksheet, line 11, page 3 or, if you used the Deductions, Adjustments, and Additional Income Worksheet on page 3, the number from line 10 of that worksheet.

2. Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However, if you’re married filing jointly and wages from the highest paying job are $75,000 or less and the combined wages for you and your spouse are $107,000 or less, don’t enter more than "3".

3. If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "0") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet.

Note: If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4. Enter the number from line 2 of this worksheet.

5. Enter the number from line 1 of this worksheet.

6. Subtract line 5 from line 4.

7. Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here.

8. Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed.

9. Divide line 8 by the number of pay periods remaining in 2018. For example, divide by 18 if you’re paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2018. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck.

### Table 1

<table>
<thead>
<tr>
<th>Maried Filing Jointly</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>If wages from LOWEST paying job are—</td>
<td>Enter on line 2 above</td>
</tr>
<tr>
<td>$0 - $5,000</td>
<td>0</td>
</tr>
<tr>
<td>5,001 - 9,500</td>
<td>1</td>
</tr>
<tr>
<td>9,501 - 19,000</td>
<td>2</td>
</tr>
<tr>
<td>19,001 - 25,500</td>
<td>3</td>
</tr>
<tr>
<td>25,501 - 37,000</td>
<td>4</td>
</tr>
<tr>
<td>37,001 - 43,500</td>
<td>5</td>
</tr>
<tr>
<td>43,501 - 55,000</td>
<td>6</td>
</tr>
<tr>
<td>55,001 - 60,000</td>
<td>7</td>
</tr>
<tr>
<td>60,001 - 70,000</td>
<td>8</td>
</tr>
<tr>
<td>70,001 - 75,000</td>
<td>9</td>
</tr>
<tr>
<td>75,001 - 85,000</td>
<td>10</td>
</tr>
<tr>
<td>85,001 - 95,000</td>
<td>11</td>
</tr>
<tr>
<td>95,001 - 130,000</td>
<td>12</td>
</tr>
<tr>
<td>130,001 - 150,000</td>
<td>13</td>
</tr>
<tr>
<td>150,001 - 160,000</td>
<td>14</td>
</tr>
<tr>
<td>160,001 - 170,000</td>
<td>15</td>
</tr>
<tr>
<td>170,001 - 190,000</td>
<td>16</td>
</tr>
<tr>
<td>190,001 - 200,000</td>
<td>17</td>
</tr>
<tr>
<td>200,001 and over</td>
<td>18</td>
</tr>
</tbody>
</table>

### Table 2

<table>
<thead>
<tr>
<th>Maried Filing Jointly</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>If wages from HIGHEST paying job are—</td>
<td>Enter on line 7 above</td>
</tr>
<tr>
<td>$0 - $24,375</td>
<td>420</td>
</tr>
<tr>
<td>24,376 - 62,725</td>
<td>500</td>
</tr>
<tr>
<td>62,726 - 170,325</td>
<td>910</td>
</tr>
<tr>
<td>170,326 - 320,325</td>
<td>1,000</td>
</tr>
<tr>
<td>320,326 - 465,325</td>
<td>1,330</td>
</tr>
<tr>
<td>465,326 - 805,325</td>
<td>1,450</td>
</tr>
<tr>
<td>805,326 and over</td>
<td>1,540</td>
</tr>
</tbody>
</table>

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You aren’t required to provide the information requested on a form that’s subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any internal revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.
## UNEMPLOYMENT INSURANCE vs ARCHDIOCESAN TRANSITION ASSISTANCE (SEVERANCE)

<table>
<thead>
<tr>
<th>EMPLOYEE</th>
<th>YEARS OF SERVICE</th>
<th>ANNUAL SALARY</th>
<th>TRANSITION ASSISTANCE COST TO PARISH (Incl FICA and Pension)</th>
<th>NET TRANSITION ASST. TO EMPLOYEE (Reduced by 30% IRS)</th>
<th>STATE UNEMPLOYMENT BENEFIT TO EMPLOYEE (26 WEEKS) (subject to income tax)</th>
</tr>
</thead>
<tbody>
<tr>
<td>PA Administration</td>
<td>3</td>
<td>$64,000.00</td>
<td>$8,392.00</td>
<td>$5,169.00</td>
<td>$18,018.00</td>
</tr>
<tr>
<td>Maintenance</td>
<td>10</td>
<td>$48,959.00</td>
<td>$12,840.00</td>
<td>$7,908.00</td>
<td>$12,246.00</td>
</tr>
<tr>
<td>PA Faith Formation</td>
<td>20</td>
<td>$67,149.00</td>
<td>$17,611.00</td>
<td>$10,874.00</td>
<td>$16,795.00</td>
</tr>
<tr>
<td>Admin Assistant</td>
<td>5</td>
<td>$31,740.00</td>
<td>$6,937.00</td>
<td>$4,272.00</td>
<td>$7,930.00</td>
</tr>
</tbody>
</table>

### Unemployment Insurance Facts:
- Employee must have worked 680 hours in base year
- Unemployment is granted unless there has been a termination because of a willful violation of policy

### Plusses:
- Parishes can budget for unemployment payouts as opposed to a lump sum of Transition Assistance - "Pay as You Go"
- Costs are less when unemployment is low - former employees find new positions more quickly
- Creates positive feelings for departing employees - especially those who have not worked at a location for several years and whose transition assistance would be minimal
- Creates equity with Chancery employees who are currently eligible for Unemployment Insurance
- Prevents windfall for former employee (e.g. an employee who is re-employed in a month but has received a large payout)
- Provides safety net for employees and their dependents, consistent with our teaching and values
- The Unemployment Insurance program includes outplacement resources that are free to participants

### Challenges:
- Parishes can be charged for short-term (less than one year) employees
- Could be more costly to locations in times of high unemployment
- Parish can become a base year employer if subsequent employment terminates
Sick Leave (Washington Minimum Leave Act - Paid Sick Leave; Seattle’s Paid Sick & Safe Ordinance; Tacoma Paid Sick Leave Ordinance)

HR 84. The parish provides sick leave pay to employees when they are absent from work for themselves or their family member (spouse, son/daughter, parent, parent-in-law, son/daughter-in-law, grandparent, grandchild, or sibling) due to:

- Mental or physical illnesses, injuries, or health conditions;
- The need for medical diagnosis, care or treatment of mental or physical illnesses, injuries, or health conditions; or
- The need for preventive medical care

In addition, sick leave may be used in accord with the domestic violence leave laws. Sick leave may be used when there is a qualifying public official closure of the workplace, or similar closure of their child’s school or place of care for any health related reason. Sick leave may also be used for, qualifying Family Medical Leave, weather closures of the workplace, and for approved extended bereavement, all subject to the following provisions:

84a. Time-off benefits eligible employees (employees working 20 or more hours per week): accrue one hour of sick leave for each 21.667 hours worked or scheduled.

84b. Employees working less than 20 hours per week accrue at a rate of one hour of sick for every 30 hours worked.

84c. Exempt employees’ scheduled hours will be used to calculate sick leave accruals.

84d. Sick leave may be taken by an employee as soon as it is accrued.

84e. If an employee’s sick leave is exhausted, he/she will be required to use all but one week of available vacation leave (if the employee is eligible for vacation). Once all available paid leave has been exhausted, the remainder of the time of will be unpaid.

84f. Sick leave continues to accrue during the paid portion of sick and vacation leave. Sick leave does not accrue during an unpaid leave of absence or when the employee is receiving Long Term Disability (if eligible) or workers’ compensation benefits.

84g. Sick leave for non-exempt employees will be calculated in quarter hour increments and for exempt employees in daily increments.

84h. Hours that are paid as sick leave but not worked do not count as hours worked in calculating overtime.
84i. For employees eligible for holiday pay, if a holiday observed by the parish occurs while an employee is sick and on a day the employee would normally have worked, holiday pay is received; sick leave is not charged for that day.

84j. **Sick Leave Benefit Year** is the calendar year. Paid sick leave accrues on all hours worked in the benefit year, including overtime hours. Employees may use all sick leave that accrues in a benefit year. Time-off benefits eligible employees may carry over up to 520 hours of unused, accrued paid sick leave into the following benefit year. The remainder is forfeited. Employees working less than 20 hours per week will be able to carry over 72 hours of sick leave into the next benefit year. Any remainder above 72 will be forfeited.

84k. Time-off benefit eligible employees who drop below 20 hours worked per week will have their sick leave carryover maximum set to 72 hours.

84l. If the need for paid sick leave is foreseeable (e.g., scheduled doctor’s appointments and the like), employees must provide the parish with at least 10 days’ notice of the need for leave. If the need for leave is not foreseeable (e.g. emergencies, unplanned sickness), employees must provide the parish with notice as soon as possible at least two hours before the start of their scheduled shift if practicable. Employees who fail to provide timely notice of the need for leave are subject to discipline, up to and including termination.

84m. Terminating employees will not be paid for any unused sick leave.

84n. Employees terminating from a parish, school or other employer that participates in the health, welfare and retirement plans of the Corporation of the Catholic Archbishop of Seattle (CCAS) who are hired at another parish or the same parish will have all earned, unused sick leave reinstated, provided, however, that if the employee is reinstated in a new benefit year, paid sick leave will only be reinstated up to the carryover limit.

84o. Sick leave is not transferable to other employees.

84p. For absences exceeding three consecutive days that an employee is scheduled to work, the employer reserves the right to require an employee to provide medical verification of an illness or injury. The employer has the right to require that the employee provide confirmation from the appropriate licensed health/medical professional (e.g. physician, psychiatrist, psychologist) that the employee is able to return to work. This requirement for verification may not result in an unreasonable burden or expense on the employee. If the employer requires medical verification, it must be provided to the employer within ten calendar days from the first day upon which the employee uses Paid Sick Leave. Failure to timely provide medical verification may result in denial of paid sick leave.
84q. If an employee has been out of work on sick leave for five consecutive days, FML begins on the sixth day of sick leave (if the employee is eligible for FML). Classifying the leave as FML is conditional, pending documentation.

84r. Any discrimination or retaliation against an employee for the lawful exercise of paid sick leave rights is not allowed. The Archdiocese of Seattle will not discriminate or retaliate against an employee for the lawful exercise of the Minimum Wage Act rights. Please notify the Assistant Director of Human Resources immediately if you are subjected to discrimination or retaliation.

84s. Employees who misuse or abuse paid sick leave will be subject to discipline up to and including termination of employment.
Employee Paid Sick Leave Notification

As of January 1, 2018, all employees of the Archdiocese of Seattle are entitled to accrue paid sick leave.

Regular employee (those who work 20 or more hours per week) accrue leave at one (1) hour of paid sick leave for every 21.667 hours you work. There are no changes to the accrual rate for regular employees (one day per month worked).

All other Employees working less than 20 hours per week accrue one (1) hour of sick leave for every 30 hours worked. This begins either as of January 1, 2018 or as of your hire date if after January 1, 2018.

You may use this accrued paid sick leave for the following reasons (as outlined at RCW 49.46.210(1)(b) and (c)):

- To care for yourself or a family member;
- When you or a family member is the victim of sexual assault, domestic violence, or stalking; and
- In the event our business or your child’s school or place of care is closed by order of a public official for any health-related reason.
- Refer to your copy of the Personnel Policies for other allowed sick leave uses.

Archdiocese of Seattle accrual year is January 1 to December 31.

For employees working over 20 hours per week:

- Accrued, unused paid sick leave balances of 520 hours or less will be carried over to the following year.
- Accrued, unused paid sick leave over 520 hours will be forfeited.

For employees working less than 20 hours per week:

- Accrued, unused paid sick leave balances of 72 hours or less will be carried over to the following year.
- Accrued, unused paid sick leave over 72 hours will be forfeited.

You are entitled to use accrued paid sick leave as soon as you have accrued it.

Retaliation against you by the Archdiocese of Seattle for using paid sick leave for authorized purposes, or for the exercise of any rights under the Minimum Wage Act (chapter 49.46 RCW), is prohibited.

Print Employee’s Name

Employee’s Signature

Date

Provide employee a signed copy

Personnel File Copy