

EMPLOYEE ACKNOWLEDGEMENT OF EXCLUSION FROM PFL COVERAGE

To the Department of Employment Services (DOES), Office of Paid Family Leave (OPFL) - Tax Division:

I, _____ [employee name], hereby acknowledge that my employer, _____ [name of employer], has informed me on this date _____ [date] that my employer is requesting that DOES exclude my wages from coverage under the District of Columbia's Paid Family Leave (PFL) program for the quarter covering the period _____ [enter months and year for the quarter (ex., April-June 2019)].

I agree that [initial beside only those that apply]:

_____ my work performed in this calendar quarter outside of the District of Columbia was **not** a temporary reassignment to another jurisdiction where I was expected to return to my regular and customary position in the District of Columbia, after the assignment was completed;

_____ my work performed in this calendar quarter outside of the District of Columbia was **not** transitory in nature where the work time spent outside of the District of Columbia consisted merely of movement through another jurisdiction;

_____ my work performed in this calendar quarter outside of the District of Columbia was **not** incidental in nature, but rather the work was required to be performed outside of the District of Columbia and required my presence in another jurisdiction;

_____ my work performed in this calendar quarter outside of the District of Columbia did **not** consist of isolated transactions where my work was performed at several different locations outside of the District of Columbia with no one location being the primary location of my work;

_____ I spent more than fifty percent (50%) of my work time in this quarter in another single jurisdiction outside of the District of Columbia.

Because I have placed my initials beside **all** of the five (5) statements above, my employer has notified me that it intends to notify DOES that it will **not** make contributions on my behalf to the PFL program for this reporting quarter, for which it is otherwise required to pay for covered employees each quarter.

Since my employer intends to not make PFL contributions on my behalf for this quarter, I understand that if my employer's request is granted by DOES, my wages earned during this quarter will not count toward any future benefit I may receive from PFL. I understand that if my situation changes and I return to performing work in the District of Columbia that qualifies for PFL coverage, my employer will be obligated to pay PFL contributions on my behalf, and my wages will count toward future PFL benefits.

Signed,

[employee signature]

[date]

