

Date: \_\_\_\_\_



**Seattle Office of Labor Standards**  
**PSST - Collective Bargaining Agreement Waiver**

The Paid Sick and Safe Time (PSST) ordinance permits time-limited, collective bargaining agreement waivers of PSST requirements that are more generous than statewide paid sick leave.

**PSST WAIVER REQUIREMENTS** - The waiver may only include PSST requirements that are more generous than statewide paid sick leave (e.g. higher accrual and carry over rates for Tier 2 and Tier 3 employers) under state law (RCW 49.46) and state administrative rules (WAC 296-128). PSST requirements must be expressly waived in clear and unambiguous terms in the collective bargaining agreement, or in an addendum to an existing agreement including an agreement that is open for negotiation. This limited waiver is only allowed for agreements ratified or expiring by December 31, 2018.

**OLS FILING INFORMATION** - Labor Organizations seeking a waiver must provide the following information to the Office of Labor Standards: (1) the name of the employer, (2) the name of the labor organization, (3) the covered employees, (4) the term of the collective bargaining agreement, and (5) the language of the waiver.

**OLS FILING DATES** - Labor Organizations must complete and return this form by January 31, 2018 for agreements in existence on December 31, 2017 or within 30 days of ratification for agreements ratified in 2018.

Note: Collective bargaining agreement waivers are not permitted on the later of January 1, 2019, or the expiration date of a collective bargaining agreement in existence on December 31, 2018.

**For more information contact Seattle Office of Labor Standards at (206) 256-5297 or see [www.seattle.gov/laborstandards](http://www.seattle.gov/laborstandards)**

**\* Required information**

**Employer**

1. \* Name \_\_\_\_\_

Other name of employer, including "doing business as" name

\_\_\_\_\_

**2. Physical address**

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

3. **Mailing address**  Same as physical address

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

4. General phone number \_\_\_\_\_ Email \_\_\_\_\_

5. Employer Representative \_\_\_\_\_ Phone number \_\_\_\_\_

**Labor Organization**

6. \* Union Name \_\_\_\_\_

7. Physical address

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

8. Mailing address  Same as physical address

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

9. General phone number \_\_\_\_\_ Email \_\_\_\_\_

10. Union Representative \_\_\_\_\_ Phone number \_\_\_\_\_

**Covered Employees**

11. \* Describe the classifications and position titles of the employees covered by the waiver.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. Number of employees covered by this agreement as the date of filing this information: \_\_\_\_\_

**Waiver Language**

\* Please copy and paste the exact language of the waiver to this form. Alternatively, you may attach the agreement to this form.