SUNY NON-W/C EMPLOYEE LEAVE REQUEST FORM

Part I: Personal Information

Employee's Name:		Home Telephone/Cell #:
Mailing Address:	Title:	Department:

Part II: Leave Request Data-check appropriate box(s) as multiple leave entitlements may be concurrently designated in certain circumstances. Supporting medical or relevant documentation must substantiate request for employee continuous/intermittent leave.

Family Medical Leave Act (FMLA) Eligible--All bargaining units & affiliation.	**NYS Paid Family Leave (PFL)** Eligible-- ☐ M/C 06 ☐ M/C 13 ☐ UUP 08	**NYS Paid Parental Leave (PPL)** GSEU 28 ☐ M/C 06 ☐ M/C 13 ☐ CSEA 02, 03. & 04 ☐ PEF 05 ☐ UUP 08
☐ Birth of Child-Expected Due Date: ☐ Serious Health Condition of Employee ☐ Care for seriously ill family member ☐ Spouse Name (include same-sex marriages): _____ ☐ Parent Name: _____ ☐ Child— ➢ under age 18 Name:_____ ➢ over age 18 Name (the adult child must have a disability and be incapable of self-care due to that disability. The son or daughter must also have a serious health condition for which he or she needs care. ☐ Bond with a healthy newborn child or a child placed for adoption or foster care (FMLA must be used within one year from the birth or placement of child w/ intermittent leave based on management approval) Child's name:_____ ☐ Qualifying military exigency leave-includes employee's spouse, son, daughter, parent, or next of kin in the Armed Forces, the National Guard or Reserves on covered active duty or has been notified of an impending call or order to covered active duty. Relative's name: _____ ☐ Military caregiver leave due to a serious injury or illness of a covered veteran (includes employee's spouse, son, daughter, parent, or next of kin). Veteran's name:_____ Check all boxes that apply at the time of your request for leave. Note different supporting documentation may be required for different qualifying leaves of absences.	☐ Birth of Child-Expected Due Date: PFL (continuous/intermittent) must be used within one year from the birth or placement of child. ☐ Care for eligible seriously ill family member: Name_____ ☐ Spouse (*include same-sex marriages) ☐ Domestic partner (#including same & different gender couples; legal registration not required) ☐ Parent ☐ Child, stepchild and anyone for whom you have legal custody (includes **'in loco parentis'**-when you are fully responsible for the child's day-to-day care and financial support even if you are not legally or biologically related to the child) [ ] parent/stepparent [ ] parent-in-law [ ] grandparent [ ] grandchild [ ] sibling (starting in 2023) (includes biological, step and half siblings) ☐ Bond with a healthy newborn child or a child placed for adoption or foster care Child's name:_____ ☐ Assist loved ones when a spouse, domestic partner, child or parent is deployed abroad on active military service ☐ *Spouse Name:_____ ☐ #Domestic Partner Name:_____ ☐ Parent Name:_____ ☐ Child Name: _____ NOTE: Cannot be used due to personal illness and must be used in full day increments with no accruals abled to be used to supplement partial pay.	☐ Birth of Child Birth Date: ☐ Child placed for adoption or foster care Date of placement: _____ ☐ Name of child:_____ NOTE: PPL (full pay without charge of accruals) must be used within 7 months of birth or placement of child & must be taken on a continuous (non-intermittent) basis.
Date requested leave to begin: _____	Date requested leave to begin: _____	Date requested leave begin:_____ Starts with birth or placement of child and must be take prior to RTW date.

How many weeks requested?	How many weeks requested?	How many weeks of continuous leave? Usage of accruals cannot run concurrently with PPL and may be taken at an appropriate time (either before or after) in addition to PFL and/or LWOP FMLA. Requested (12 weeks max.)? ____Yes _____No
Start: End:	Start: End:	Start: End:
I am requesting Intermittent Leave: ☐ I wish to use my applicable accruals to stay in a partial/full paid status: ☐ Explain:_____ _____ _____	I am requesting Intermittent Leave (Time off must be used in full day increments): ☐ Please explain or outline requested time off work schedule: _____ _____ NOTE: "Unpaid leave" taken under the PFL may count against an employee's FMLA entitlement (if eligible) when an employee wishes to use their PFL (unpaid LOA/no charge to accruals).	Intermittent leave not available. NOTE: Immediate or initial use of PPL may run concurrently with an employee's FMLA entitlement (if eligible).
I am requesting to be placed on sick leave @ ½ pay (Eligible Classified Service Employees Only and available exclusively for employee's personal medical leave): ☐ *All accruals must be exhausted first. NOTE: Unclassified Service Employees are eligible for **discretionary** Presidential approved additional sick leave with pay (full/partial) for personal medical leave after sick leave credits are exhausted. I am requesting Leave Donations (cannot be solicited by Mgmt.) (Eligible Employees Only): ☐ *All accruals must be exhausted first I am requesting leave without pay for the time frame below: ☐ **Part III: Acknowledgements** • My benefits (i.e., NYSHIP, retirement credit, earning of accruals, etc.) will continue while in a full paid status and covered by FMLA; • If unpaid leave, I am responsible for my portion of NYSHIP premiums; HR will send me information on this process; • I must complete my timesheets while on intermittent/continuous leave; • I will notify HR immediately of any changes to my requested leave including prior notice of return to work from a continuous leave. Employee Initials: _____	**Part III: Acknowledgements** • I am responsible for submitting my PFL packet to The Standard Insurance Co. (Unclassified service staff only) to facilitate this payroll leave without pay status; • My NYSHIP benefits will continue, however, I am responsible for paying my portion of the health insurance to the NYS Department of CS; • I will not be eligible to earn accruals or receive retirement service credit (ie. ERS) or receive employer contributions (ie. SUNY ORP) while on PFL; • I must complete my timesheets in a timely basis during intermittent/continuous leave to avoid overpayment; • I will notify HR immediately of any changes to my requested leave including prior notice of return to work from a continuous leave. Employee Initials: _____	**Part III: Acknowledgements** • My NYSHIP benefits and retirement service credit will continue while on PPL leave, but accruals (i.e. vacation) will not be earned; • I must complete my timesheets while on leave; • I will notify HR immediately of any changes to my requested leave including prior notice of return to work from a continuous leave. Employee Initials: _____

Employee Signature:	Date:

Part IV: Supervisor/HR Information

Supervisor Signature:	Print Name:	Date:

HR Reviewer Signature:	HR Reviewer Name:	Date:

Leave Request Form Additional Information

Family Medical Leave Act (FMLA)

Available to all eligible employees

The Family and Medical Leave Act of 1993, as amended, (FMLA or Act) allows eligible employees of a covered employer to take job-protected, unpaid leave, or to substitute appropriate paid leave if the employee has earned or accrued it, for up to a total of 12 workweeks in a calendar year for:

- the birth of a child or placement of a child for adoption or foster care (7 month leave entitlement is not covered under Article 7 of the Domestic Relations Law or CS Time & Attendance Rules);
- to bond with a child (leave must be taken within 1 year of the child's birth or placement);
- to care for the employee's spouse, child, or parent who has a serious health condition;
- your serious health condition that makes you unable to perform the essential functions of your job;
- for qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent;
- up to 26 weeks of military caregiver leave under the FMLA in a single 12-month period to care for a covered servicemember with a serious injury/ illness that was incurred in the line of duty while on active duty in the Armed Forces (including the National Guard or Reserves) or existed before the beginning of the member's active duty and was aggravated by service in the line of duty on active duty in the Armed Forces.

Note: Eligible spouses who work for the same employer are limited to a combined total of 12 workweeks of leave in a 12-month period due to the birth, placement, and bonding with a new child as well as the placement of a child with the employee for adoption or foster care and bonding with the newly-placed child. This limit does not apply to unmarried partners who work for the same employer.

Steps to apply FMLA:

1. Complete the Leave Request Form with as much notice as possible; preferably 30 days or as soon as possible.
2. Submit to your supervisor for signatures; they will forward it to HR.
3. Take appropriate WH380 document to health care provider for completion and have them return to HR.
4. Read all documents received from HR and act if needed.
5. Complete timesheets using the FMLA adjustment reason.
6. Complete Return to Work documents if on a continuous leave; submit to HR 48 hours prior to expected return date. **

NOTE: Dependent on paid status (i.e. use of accruals) while on FMLA, will determine is you continue to earn accruals and retirement service credit/contributions. Will retain NYSHIP coverage and may be direct billed by CS.

** You can't return to work due to a personal illness or serious medical condition until you have clearance from Human Resources. If you return to work without clearance from HR you will be sent home.

NYS Paid Family Leave (PFL)

Available only to Classified service M/C and Unclassified employees only (UUP & M/C)

NYS Paid Family Leave (PFL) is paid leave based on compensation thru the designated insurance carrier paid at 67% of your weekly average salary without charge to your accruals and capped at the State Average Weekly Wage.
NOTE: Employees will not earn accruals (including holidays) or retirement credits/contributions while in an "unpaid" PFL status.
Will retain NYSHIP coverage and may be direct billed by CS.

The employee's average weekly wage is established based on the average of the employee's last eight (8) weeks of pay received during the employee's regular professional obligation prior to starting Paid Family Leave. The amount will be determined by dividing either the last eight (8) weeks of wages that the employee was working immediately preceding the first day of PFL, or the closest eight (8) weeks of wages prior to start of the PFL leave, whichever results in the higher amount.

Provides for a total of 12 weeks of leave (paid by appropriate insurance carrier) per rolling 12 month/52-week period. PFL can be taken for:

- the birth of a child or placement of a child for adoption or foster care;
- to bond with a child (leave must be taken within 1 year of the child's birth or placement);
- to care for the employee's spouse, child, parent, or eligible relative who has a serious health condition;
- each employee is entitled to their own bank of leave. Eligible parents who both work for SUNY do not have the split PFL time.

Steps to apply for PFL:

1. Complete the Leave Request Form with as much notice as possible; preferably 30 days or as soon as possible.
2. Submit to your supervisor for signatures; they will forward it to HR.
3. Complete the appropriate PFL packet; found on the HR website Leaves page.
4. Submit completed packet to HR, who will complete their part and return to you to mail to The Standard Insurance Co. **
5. Read all documents received from HR and act if needed.
6. Complete timesheets using the Paid Family Leave non-chargeable category as well as the FMLA adjustment reason if applicable.

** Applications for leave must be submitted to MetLife (M/C Classified Service) or the The Standard Insurance Co. (UUP & M/C Unclassified Service) 30 days prior to the leave start date or as soon applicable.

NYS Paid Parental Leave (PPL)

Available to GSEU, M/C 06 & 13, PEF, UUP & CSEA represented employees

NYS Paid Parental Leave (PPL) will provide 12 weeks of paid parental leave (without charge of accruals for unrepresented executive branch employees to bond with a newly born, adopted, or fostered child.
NOTE: Employees will not earn accruals (including holidays or sick leave at ½ pay) but will maintain NYSHIP coverage and earn retirement credits/contributions.
Note:

- PPL is available for use once every 12-month period;
- a qualifying event begins the 12-month period;
- leave may begin on date of birth, day of adoption or foster care placement, or anytime thereafter within seven (7) months;
- 12-weeks of leave can be taken individually by both eligible parents even if they work for the same campus/agency.

Steps to apply for Paid Parental Leave:

1. Complete the Leave Request Form with as much notice as possible; preferably 30 days or as soon as possible.
2. Submit to your supervisor for signatures; they will forward to the HR office
3. Provide proof of birth, adoption, or foster placement (i.e., birth certificate) to HR.
4. Read all documents received from HR and act if needed.
5. Complete timesheets using the PPL non-chargeable category as well as the FMLA adjustment reason if applicable.

Revised: 2/26