

SUNY ESF LEAVE REQUEST FORM

Part I: Personal Information

Employee's Name:

Home Telephone #:

Address:

Part II: Leave Request Data

FMLA	NYS Paid Family Leave (PFL)	NYS Paid Parental Leave (PPL)
Eligible All bargaining units	Eligible <input type="checkbox"/> MC 06 <input type="checkbox"/> MC 13 <input type="checkbox"/> UUP	Eligible <input type="checkbox"/> MC 06 <input type="checkbox"/> MC 13 <input type="checkbox"/> CSEA <input type="checkbox"/> UUP
<input type="checkbox"/> Birth of Child Due Date: <input type="checkbox"/> Serious Health Condition of Employee <input type="checkbox"/> Care for seriously ill family member <input type="checkbox"/> Spouse Name: <input type="checkbox"/> Parent Name: <input type="checkbox"/> Child under age 18 Name: <input type="checkbox"/> Bond with a healthy newborn child or a child placed for adoption or foster care. <input type="checkbox"/> Military Leave- Call Leaves Manager (6613)	<input type="checkbox"/> Care for seriously ill family member <input type="checkbox"/> Spouse Name: <input type="checkbox"/> Parent Name: <input type="checkbox"/> Child under age 18 Name: <input type="checkbox"/> Bond with a newborn child or a child placed for adoption or foster care Due/Adoption/Placement Date:	<input type="checkbox"/> Birth of Child Birth Date: <input type="checkbox"/> Child placed for adoption or foster care Date of placement:
Date requested leave to begin:	Date requested leave to begin:	Starts with birth or placement.
How many weeks requested?	How many weeks requested?	How many weeks requested?
Start: End:	Start: End:	
I am requesting Intermittent Leave <input type="checkbox"/>	I am requesting Intermittent Leave <input type="checkbox"/>	Can only be used in a block of time.
I wish to use my accruals to stay in a paid status <input type="checkbox"/> Sick leave will be charged first, unless otherwise specified. *	Please explain:	
I wish to reduce my percentage (indicate %):		
I am requesting to be placed on sick leave @ ½ pay (Classified Employees Only) <input type="checkbox"/> *All accruals must be exhausted first		
I am requesting Leave Donations (Eligible Employees Only) <input type="checkbox"/> *All accruals must be exhausted first		
I am requesting leave without pay for the time frame below: <input type="checkbox"/>		
Part III: Acknowledgements	Part III: Acknowledgements	Part III: Acknowledgements
<ul style="list-style-type: none"> My benefits will continue while in a full paid status and covered by FMLA. If unpaid leave, I am responsible for my portion of health insurance. I must complete my time records. I will notify HR and supervisor immediately of any changes to my requested leave. 	<ul style="list-style-type: none"> I am responsible for submitting my PFL packet to Ellen Brown, Sr. Personnel Associate. My benefits will continue; however, I am responsible for paying my portion of the health insurance; I must complete my time records. I will notify HR and supervisor immediately of any changes to my requested leave. 	<ul style="list-style-type: none"> My benefits will continue while on leave. I must complete my time records. I will notify HR and supervisor immediately of any changes to my requested leave.
Initials: _____	Initials: _____	Initials: _____
Employee Signature:	Date:	
Part IV: Supervisor Information		
Supervisor Signature:	Print Name:	Date:

<p align="center">FMLA</p>	<p align="center">NYS Paid Family Leave Available only to unclassified employees (UUP/MC)</p>	<p align="center">NYS Paid Parental Leave Available only to MC/UUP and CSEA employees</p>
<p>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 any 12 months for:</p> <ul style="list-style-type: none"> 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, 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 <p>Steps to apply FMLA:</p> <ol style="list-style-type: none"> Complete the Leave Request Form with as much notice as possible; preferably 30 days or as soon as possible. Submit to your supervisor for signatures; you or they must forward it to HR, 216 Bray Hall or email: ebrown@esf.edu Take the appropriate WH380 document to the health care provider for completion and have them return to HR fax (315) 470-6953. Read all documents received from HR and act if needed. Complete timesheets using the FMLA adjustment reason. Complete Return to Work documents if on a continuous leave; submit to HR 48 hours prior to expected return date. ** <p>*Meet with Ellen Brown, Sr. Personnel Associate to discuss accrual usage and other options for all leave requests.</p> <p>** You may not return to work until you have clearance from Human Resources, if you return to work without clearance from HR you will be sent home.</p>	<p>NYS Paid Family Leave (PFL) is paid leave at 67% of your weekly average salary without charge to your accruals and capped at the State Average Weekly Wage.</p> <p>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.</p> <p>PFL can be taken for:</p> <ul style="list-style-type: none"> 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, or parent who has a serious health condition <p>Steps to apply for PFL:</p> <ol style="list-style-type: none"> Complete the Leave Request Form with as much notice as possible; preferably 30 days or as soon as possible. Submit to your supervisor for signatures; you or they must forward it to 216 Bray Hall or email: ebrown@esf.edu Complete the appropriate PFL packet. Submit completed packet to Ellen Brown, Sr. Personnel Associate, who will complete the employer section and will forward onto The Standard Insurance Co. ** Read all documents received from HR and act if needed. Complete timesheets using the Paid Family Leave non-chargeable category as well as the FMLA adjustment reason if applicable. <p>** Applications for leave must be submitted to Ellen Brown, Sr. Personnel Associate. 30 days prior to the leave start date or as soon as applicable.</p>	<p>NYS Paid Parental Leave (PPL) will provide 12 weeks of paid parental leave for employees to bond with a newly born, adopted, or fostered child. Note:</p> <ul style="list-style-type: none"> 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 <p>Steps to apply for Paid Parental Leave:</p> <ol style="list-style-type: none"> Complete the Leave Request Form with as much notice as possible; preferably 30 days or as soon as possible. Submit to your supervisor for signatures; you or they will forward it to Ellen Brown, Sr. Personnel Associate in 216 Bray Hall. Provide proof of birth, adoption, or foster placement (i.e. birth certificate). Read all documents received from HR and act if needed. Complete timesheets using the Paid Family Leave non-chargeable category as well as the FMLA adjustment reason if applicable. <p align="right">Revised 9/25/23</p>