

SUNY ESF LEAVE REQUEST FORM

Part I: Personal Information

Employee's Name:

Home Telephone #:

Address:

Part II: Leave Request Data

Request for Leave	NYS Paid Family Leave (PFL)	NYS Paid Parental Leave (PPL)
	Eligible: <input type="checkbox"/> MC 06 <input type="checkbox"/> MC 13 <input type="checkbox"/> UUP	Eligible: <input type="checkbox"/> PBANY/NYSCOBAA <input type="checkbox"/> MC 06/13 <input type="checkbox"/> CSEA <input type="checkbox"/> UUP
<input type="checkbox"/> Birth of Child <input type="checkbox"/> Serious Health Condition of Employee Care <input type="checkbox"/> Care of seriously ill family member <div style="margin-left: 20px;"> <input type="checkbox"/> Spouse Name: <input type="checkbox"/> Parent Name: <input type="checkbox"/> Child under age 18 Name: </div> <input type="checkbox"/> Bond with a healthy newborn child or a child placed for adoption or foster care. <input type="checkbox"/> Military Leave – Contact Leaves manager Estimated Birth/Adoption/Placement Date:	<input type="checkbox"/> Care for seriously ill family member <div style="margin-left: 20px;"> <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. </div>	<input type="checkbox"/> Birth of Child Estimated Birth Date: <input type="checkbox"/> Child placed for adoption or foster care:
Start Date of leave:	Start Date of leave:	Start Date of leave:
End Date of leave:	End Date of leave:	End Date of leave:
I am requesting Intermittent Leave <input type="checkbox"/>	I am requesting Continuous Leave <input type="checkbox"/>	
I am requesting Continuous Leave <input type="checkbox"/> I wish to use my accruals to stay in a paid status <input type="checkbox"/> Sick leave will be charged first, unless otherwise specified. * I wish to reduce my percentage (indicate %):	I am requesting Intermittent Leave <input type="checkbox"/> Please explain:	Can only be used in a block of time.
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 noted below: <input type="checkbox"/> Start date: End date:		

Part III: Acknowledgement

Request for Leave	NYS Paid Family Leave (PFL)	NYS Paid Parental Leave (PPL)
<ul style="list-style-type: none"> My benefits will continue while in a full paid status. If unpaid leave, I am responsible for my portion of health insurance. I must complete my leave records. I will notify HR and supervisor immediately of any changes to my requested leave. FMLA may run concurrently. 	<ul style="list-style-type: none"> I am responsible for submitting my PFL application to Ellen Brown, Sr. Personnel Associate. My benefits will continue; however, I am responsible for paying my portion of the health insurance. 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 leave records. I will notify HR and supervisor immediately of any changes to my requested leave.

Employee Signature:

Date:

Part IV: Supervisor Information

Supervisor Signature:

Print Name:

Date:

FMLA	NYS Paid Family Leave Available only to unclassified employees (UUP/MC)	NYS Paid Parental Leave (PPL) Available only to MC/UUP and PBANY/NYSCOBAs and CSEA employees
<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 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"> 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; you or they must forward it to HR, 216 Bray Hall or email: ebrown@esf.edu 3. Take the appropriate WH380 document to the health care provider for completion and have it return to HR. Fax#: (315) 470-6953 4. Read all documents received from HR and act if needed. 5. Complete leave record using the FMLA adjustment reason. 6. Complete Return to Work documents if on a continuous leave; submit to HR 48 hours to 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 wage 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"> 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; you or they must forward it to 216 Bray Hall or email: ebrown@esf.edu 3. Complete the appropriate PFL packet. 4. Submit completed packet to Ellen Brown, Sr. Personnel Associate, who will complete the employer section and will forward onto The Standard Insurance Co. ** 5. Read all documents received from HR and act if needed. 6. Complete leave records 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 a 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"> 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; you or they will forward it to Ellen Brown, Sr. Personnel Associate in 216 Bray Hall. 3. Provide proof of birth, adoption, or foster placement (i.e. birth certificate). 4. Read all documents received from HR and act if needed. 5. Complete leave reports using the Paid Family Leave non-chargeable category as well as the FMLA adjustment reason if applicable.

