

SUNY ESF REQUEST FOR LEAVE FORM

Part I: Personal Information

Employee Name:	Home Telephone #:
Address:	Email Address:

Part II: Leave Request Data

Family Medical Leave Act (FMLA) Eligible--All bargaining units & affiliation.	NYS Paid Family Leave (PFL)	NYS Paid Parental Leave (PPL)
Eligible: ☐ MC 06 ☐ MC 13 ☐ UUP ☐ Birth of Child Expected Due Date: _____ ☐ Serious Health Condition of Employee ☐ Care for seriously ill family member. ☐ Spouse's Name: _____ ☐ Parent's Name: _____ ☐ Child's Name: _____ ☐ under age 18 ☐ over age 18 Name (the adult child must have a disability and be incapable of self-care due to that disability. The child 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) Estimated Birth/Adoption/Placement Date: _____ 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's 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.	Eligible: ☐ MC 06 ☐ MC 13 ☐ UUP ☐ 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. Family Member's 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 able to be used to supplement partial pay.	Eligible: ☐ PBANY ☐ NYSCOPA ☐ CSEA ☐ MC 06/13 ☐ UUP ☐ GSEU ☐ 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.
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	☐ I am requesting Continuous Leave.			
☐ I am requesting Continuous Leave	☐ I am requesting Intermittent Leave	It can only be used in a block of time.		
☐ I wish to use my accruals to stay in a paid status Sick leave will be charged first, unless otherwise specified. * *Specifications: 	Please explain:			
I wish to reduce my percentage (indicate %): _____				
☐ 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.	Part III: Acknowledgements - I am responsible for submitting my PFL application to Ellen Brown, Sr. Personnel Associate, or 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, if applicable. - I will not be eligible to earn accruals or receive retirement service credit (i.e., ERS) or receive employer contributions (i.e., SUNY ORP) while on PFL. - I should complete my time sheets on a timely basis during intermittent/continuous leave to help avoid overpayment. - I will notify HR immediately of any changes to my requested leave including prior notice of return to work from continuous leave.		Part III: Acknowledgements - My NYSHIP benefits and retirement service credit will continue while on approved PPL leave; but accruals (i.e., vacation) will not be earned. - I should complete my leave and/or time records while on leave. - I will notify HR and supervisor immediately of any changes to my requested leave.	
☐ I am requesting Leave Donations (Eligible Employees Only) *All accruals must be exhausted first	Part III: Acknowledgements - My benefits will continue while in a full paid status, covered by FMLA. - If I am on unpaid leave, I am responsible for my portion of health insurance, if covered under FMLA. - I should complete my leave and/or time records. - I will notify HR and supervisor immediately of any changes to my requested leave. - FMLA may run concurrently with other types of leaves.	Part III: Acknowledgements - My benefits will continue while in a full paid status, covered by FMLA. - If I am on unpaid leave, I am responsible for my portion of health insurance, if covered under FMLA. - I should complete my leave and/or time records. - I will notify HR and supervisor immediately of any changes to my requested leave. - FMLA may run concurrently with other types of leaves.		
☐ I am requesting leave without pay for the time frame noted below: Start date: _____ End date: _____				
Part III: Acknowledgements - My benefits will continue while in a full paid status, covered by FMLA. - If I am on unpaid leave, I am responsible for my portion of health insurance, if covered under FMLA. - I should complete my leave and/or time records. - I will notify HR and supervisor immediately of any changes to my requested leave. - FMLA may run concurrently with other types of leaves.				
Employee Initials: _____	Employee Initials: _____	Employee Initials: _____		
Employee Signature: _____		Date: _____		
Part IV: Supervisor Information				
Supervisor Signature: _____	Print Name: _____	Date: _____		

SUNY ESF STEPS TO APPLY FOR LEAVE

FMLA Available to all eligible employees	NYS Paid Family Leave Available only to MC/ UUP employees (classified and unclassified)	NYS Paid Parental Leave Available only to MC/UUP (classified and unclassified) and PBANY/NYSCOBAs, CSEA and GSEU 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 any 12 months 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, 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. 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 for FMLA: - 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 it return to HR. Fax #: (315) 470-6953. - Read all documents received from HR and act if needed. - Complete leave record 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. ** *Meet with Ellen Brown, Sr. Personnel Associate, to discuss accrual usage and other options for all leave requests. ** You may not return to work until you have clearance from Human Resources, if you return to work without clearance from HR you may be sent home.	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. 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. 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, or parent who has a serious health condition Steps to apply for PFL: - 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 leave records using the Paid Family Leave non-chargeable category as well as the FMLA adjustment reason if applicable. ** Applications for leave must be submitted to Ellen Brown, Sr. Personnel Associate 30 days prior to the leave start date or as soon applicable.	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: - 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. Steps to apply for Paid Parental Leave: - 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 at 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 leave reports using the Paid Family Leave non-chargeable category as well as the FMLA adjustment reason if applicable.