



Paid Family Time off Request (NY)

The purpose of the Paid Family Time off policy is to provide time off to bond with a new child. This benefit is available to all full-time employees regularly scheduled to work at least 30 hours / week (excluding temps, interns, and seasonal employees).

Paid Leave Type:

_____ Maternity Leave (child-bearing parent): 16 weeks

_____ Parental Leave (Non child-bearing parent): 6 weeks

_____ Adoption (Primary Caregiver): 12 weeks

_____ Adoption (Secondary Caregiver): 3 weeks

_____ Foster Leave: 1 week

- Miscarriage leave:
 - _____ Five (5) days of paid time off (1st Trimester)
 - _____ Ten (10) days of paid time off (2nd or 3rd Trimester)

Paid Family Time Off is granted on the date of birth or adoption/fostering of the child. Leave (excluding maternity) must be taken concurrently with FMLA and New York State Paid Family Leave (PFL).

*Maternity leave is granted on the date of birth of the child for 16 weeks and will run in conjunction with Disability and FMLA. SMP will reduce your pay by the amount of any pay approved by Reliance Standard/Matrix for Disability (up to \$170/week). However, paid maternity leave will not reduce any salary continuation benefit available to you for disability outside of the 16-week maternity benefit timeframe.

Proper documentation such as birth certificate, proof of adoption or fostering is required to validate a family leave. Failure to comply may result in disciplinary action and/or termination.

Estimated Start Date: _____ Actual Start Date: _____

End Date: _____ Return to Duties Date: _____

Documentation Received Date: Proof of Birth _____ Official Certificate _____

Additional days used: _____

I, _____ understand that if I am unable to provide proper documentation within 30 days of the leave, I will be subject to disciplinary action and/or termination. In addition, I agree to apply for FMLA and PFL or Disability through Reliance Standard/Matrix at 1-877-202-0055 for the duration of the leave.

Employee Signature: _____ Date: _____

Manager Signature: _____ Date: _____

Human Resources Signature: _____ Date: _____