



Paid Family Time Off Request (NY)

The purpose of this policy is to provide time off to bond with a new child. 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): 4 weeks

Adoption (Primary Caregiver): 12 weeks

Adoption (Secondary Caregiver): 3 weeks

Foster Leave: 1 week

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 Paid Family Time Off will run concurrently with FMLA and New York State Disability (DBL) approved by Cigna Group Life Insurance. SMP will reduce your leave pay by the amount of the disability benefit approved by Cigna (up to \$170 / per week). Paid maternity leave will not reduce any salary continuation benefit available to you for disability outside of the covered 16 week maternity benefit timeframe.

Proper documentation will be required when available to validate the Paid Family Time Off including a birth certificate, or, proof of adoption or fostering. Failure to provide proper documentation may result in disciplinary action and/or termination.

Estimated Start Date: _____

Actual Start Date: _____ **End Date:** _____

Documentation Received Date: _____ **Approximate Total of Leave Pay:** _____

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 Cigna by calling 1.888.84.Cigna (24462) for the duration of the leave.

Employee Signature: _____ Date: _____

Manager Signature: _____ Date: _____

Human Resources Signature: _____ Date: _____