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| **SUNY CANTON LEAVE REQUEST FORM (Return to Benefits Coordinator)** | | | | | |
| **Part I: Personal Information** | | | | | |
| Employee’s Name: | | | Home Telephone #: | | |
| Address: | | | | | |
| **Part II: Leave Request Data** | | | | | |
| **FMLA**  Eligible All bargaining units | **NYS Paid Family Leave (PFL)**  Eligible  MC 13  UUP | | | | **NYS Paid Parental Leave (PPL)**  Eligible All Bargaining units |
| Birth of Child Due Date:  Serious Health Condition of Employee  Care for seriously ill family member  Spouse Name:    Parent Name:  Child under age 18 Name:  Bond with a healthy newborn child or a child placed for adoption or foster care | Birth of Child Due Date:  Care for seriously ill family member  Spouse Name:    Parent Name:    Child under age 18 Name:     Bond with a healthy newborn child or a child placed for adoption or foster care  Military Leave | | | | Birth of Child Birth Date:  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 | I am requesting Intermittent Leave  Please explain: | | | | Can only be used in a block of time. |
| I wish to use my accruals to stay  in a paid status |
| I am requesting to be placed on sick leave @ ½ pay (Classified Employees Only)   \*All accruals must be exhausted first | **Part III: Acknowledgements** | | | | **Part III: Acknowledgements** |
| * I am responsible for submitting my PFL packet to The Standard Insurance Co.; * My benefits will continue, however, I am responsible for paying my portion of the health insurance; * I must complete my timesheets; * I will notify HR immediately of any changes to my requested leave.   Initials: \_\_\_\_\_\_\_\_ | | | | * My benefits will continue while on leave; * I must complete my timesheets; * I will notify HR immediately of any changes to my requested leave.   Initials: \_\_\_\_\_\_\_\_ |
| I am requesting Leave Donations  (Eligible Employees Only)  \*All accruals must be exhausted first |
| I am requesting leave without pay  for the time frame below: |
| **Part III: Acknowledgements** |
| * 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; HR will send me information; * I must complete my timesheets; * I will notify HR immediately of any changes to my requested leave.   Initials: \_\_\_\_\_\_\_ |
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| Employee Signature: | | | | Date: | |
| **Part IV: Supervisor Information** | | | | | |
| Supervisor Signature: | | Print Name: | | Date: | |
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| **Leave Request Form** | | |
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| **FMLA** | **NYS Paid Family Leave**  Available only to unclassified employees (UUP/MC) | **NYS Paid Parental Leave** |
| 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   Steps to apply FMLA:   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; they will forward it to Human Resources - Payson 201 . 3. Take appropriate WH380 document to health care provider for completion and have them return to HR; fax (315) 386-7064. 4. Read all documents received from HR and act if needed. 5. Complete timesheets using the FMLA adjustment reason. 6. Complete Return to Work documents if on a continuous leave; submit to HR 48 hours prior to expected return date. \*\*   \*\* You can't return to work until you have clearance from Human Resources, if you return to work without clearance from HR you will 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:   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; they will forward it to Human Resources - Payson 201. 3. Complete the appropriate PFL packet; found on the HR website Leaves page. 4. Submit completed packet to HR, who will complete their part and return to you to mail to The Standard Insurance Co. \*\* 5. Read all documents received from HR and act if needed. 6. Complete timesheets using the Paid Family Leave non-chargeable category as well as the FMLA adjustment reason if applicable.   \*\* Applications for leave must be submitted to The Standard Insurance Co. 30 days prior to the leave start date or as soon as applicable. | NYS Paid Parental Leave (PPL) will provide 12 weeks of paid parental leave for unrepresented executive branch 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 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   Steps to apply for Paid Parental Leave:   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; they will forward it to Human Resources - Payson 201. 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 timesheets using the Paid Parent Leave non-chargeable category.   Revised 9/4/23 |