

SUNY PURCHASE LEAVE REQUEST FORM

Part I: Personal Information

Employee's Name:	Cell / Home Telephone:
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Hire Date:

PLEASE BE ADVISED THAT BASED ON THE TYPE OF LEAVE CHOSEN YOUR PAYROLL CONTRIBUTIONS TO YOUR RETIREMENT PLAN CAN BE AFFECTED ALONG WITH HEALTH BENEFITS

Part II: Leave Request Data

FMLA Eligible: All bargaining units	NYS Paid Family Leave (PFL) Eligible: <input type="checkbox"/> MC 13 <input type="checkbox"/> UUP	NYS Paid Parental Leave (PPL) Eligible: <input type="checkbox"/> UUP <input type="checkbox"/> MC 13 <input type="checkbox"/> CSEA <input type="checkbox"/> APSU <input type="checkbox"/> NYSCOB
<input type="checkbox"/> Birth of Child Due Date: _____ <input type="checkbox"/> Serious Health Condition of Employee <input type="checkbox"/> Care for seriously ill family member <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 <input type="checkbox"/> Military Leave	<input type="checkbox"/> Birth of Child Due Date: _____ <input type="checkbox"/> Care for seriously ill family member <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	<input type="checkbox"/> Birth of Child Birth Date: _____ <input type="checkbox"/> 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.
The maximum amount that can be used is 12 weeks. The amount can be used intermittently or continuous; how many weeks requested?	The maximum amount that can be used is 12 weeks. How many weeks requested?	The maximum amount that can be used is 12 weeks. Must be used continuously, how many weeks requested?
Start: _____ End: _____	Start: _____ End: _____	Start: _____ End: _____
I am requesting Intermittent Leave <input type="checkbox"/> I wish to use my accruals to stay in a paid status <input type="checkbox"/> I do not wish to use my accruals. I understand this leave will then be unpaid. <input type="checkbox"/>	I am requesting Intermittent Leave <input type="checkbox"/> Please explain: _____	Employees must complete the leave within 7 months of the qualifying event. The leave must be taken all at once, not intermittently.
I am requesting to be placed on sick leave @ ½ pay (Classified Employees Only) <input type="checkbox"/> *All accruals must be exhausted first	Part III: Acknowledgements	
I am requesting Leave Donations (Eligible Employees Only; must contact their union rep.) <input type="checkbox"/> *All accruals must be exhausted first	<ul style="list-style-type: none"> 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; to the Employee Benefits Division (EBD). When out on leave, I understand it is still my responsibility to complete my timesheets. I will notify HR immediately of any changes to my requested leave. <i>I acknowledge that my permanent / continuing appointment date will be impacted (if not already achieved).</i> 	
I am requesting leave without pay for the time frame below: <input type="checkbox"/>	<ul style="list-style-type: none"> My benefits will continue while on leave; I will notify HR immediately of any changes to my requested leave. <i>I understand that time on PPL will impact my probationary period.</i> <i>Complete timesheets using the Paid Family Leave non-chargeable category as well as the FMLA adjustment reason if applicable.</i> 	
Part III: Acknowledgements		
<ul style="list-style-type: none"> 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; Employee Benefits Division (EBD) will send a bill to address on file. When out on leave, I understand it is still my responsibility to complete my timesheets. I will notify HR immediately of any changes to my requested leave. 	Initials: _____	
Initials: _____	Initials: _____	Initials: _____
Employee Signature:		Date:

SUNY PURCHASE LEAVE REQUEST FORM

FMLA	NYS Paid Family Leave Available only to unclassified employees (UUP/MC)	NYS Paid Parental Leave
<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 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 <p>Steps to apply FMLA:</p> <ol style="list-style-type: none"> Complete the Leave Request Form with as much notice as possible; preferably 30 days or as soon as possible. Take appropriate WH380 document to health care provider for completion and have them return to HR fax (914-251-6064) Read all documents received from HR and act if needed. Complete timesheets 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. ** <p>** You cannot return to work until you have provided medical clearance to 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 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.</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"> Complete the Leave Request Form with as much notice as possible; preferably 30 days or as soon as possible. Complete the appropriate PFL packet; found on the HR website Leaves page. Submit completed packet to HR, who will complete their part and return to you to mail to The Standard Insurance Co. ** Read all documents received from HR and act if needed. Complete timesheets using the Paid Family Leave non-chargeable category as well as the FMLA adjustment reason <i>if applicable</i>. <p>** Applications for leave must be submitted to The Standard Insurance Co. 30 days prior to the leave start date or as soon applicable.</p>	<p>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:</p> <ul style="list-style-type: none"> PPL is available for use once every 12-month period a qualifying event begins the 12-month period Employees must complete the leave within 7 months of the qualifying event. The leave must be taken all at once, not intermittently. <p>Steps to apply for Paid Parental Leave:</p> <ul style="list-style-type: none"> Complete the Leave Request Form with as much notice as possible; preferably 30 days or as soon as possible. Provide proof of birth, adoption, or foster placement (i.e. birth certificate). Read all documents received from HR and act if needed. Complete timesheets using the Paid Family Leave non-chargeable category as well as the FMLA adjustment reason if applicable.