

**PAID PARENTAL LEAVE**

Upon the birth or adoption of a child, a parent may receive pay during a portion of Family and Medical Leave or state or local Family or Parental Leave. Each employee may receive up to two consecutive weeks of paid parental leave per year provided the employee works a minimum of 24 hours per week and one year of service as a employee has been completed as of the child's date of birth (or in the case of adoption, as of the date of adoption). If you do not have at least one year of service as a employee at the date of birth (or in the case of adoption, as of the date of adoption) you can take advantage of one or these two options: take a prorated leave (based on the amount of service that you currently have) or take the two week leave once you have met the service requirement.

Prorated Leave Entitlement	
Service	
1 - >3 months	2 Days
3 - >6 months	4 Days
6 - >9 months	6 Days
9 - >12 months	8 Days
1 year of more	10 Days

Leaves of absence are coordinated by the Benefit Staff in HR.

New York State Paid Family Leave (PFL)

Beginning January 1, 2020, New York State employees are eligible for ten weeks of supplemental compensation for NYS Paid Family Leave (PFL) which may be used to care for a seriously ill family member, to bond with a newborn, adopted or foster child, or for military exigency (as defined by FMLA). For a New York State employee who is on FMLA, your NYS PFL will run concurrently. NYS PFL may be taken within twelve (12) months of the date of birth or adoption of a child.

San Francisco Employees

Beginning January 1, 2017, San Francisco employees are eligible for six weeks of supplemental compensation for State Paid Family Leave to bond with a new child. will provide the allotted number of days of paid parental leave in addition to this option.

**Please complete the information below and return the form to the Grand Island Benefits Office prior to taking your paid parental leave.**

Date of Hire \_\_\_\_\_ Location \_\_\_\_\_

Eligibility for Paid Parental Leave - Minimum of 24 hours per week and one year of service required \_\_\_ Yes \_\_\_ No

Please record your Paid Parental leave to project # 500015.05 in Deltek on your last day worked for the time you will be using your paid parental leave.

Expected Due Date \_\_\_\_\_ Actual Birth or Adoption Date \_\_\_\_\_

Family Medical Leave (FMLA) begin date \_\_\_\_\_ FMLA End Date \_\_\_\_\_

Disability begin date (if applicable) \_\_\_\_\_ Disability End Date \_\_\_\_\_

Paid Parental Leave (PPL) start date \_\_\_\_\_ PPL End Date \_\_\_\_\_

Expected Return to Work Date \_\_\_\_\_

Employee's Supervisor \_\_\_\_\_

Print Name \_\_\_\_\_ Employee Number \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_