

SUNY MORRISVILLE LEAVE REQUEST FORM

Part I: Personal Information

Employee's Name:	Employee Telephone #:
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Address:

Part II: Leave Request Data

FMLA	NYS Paid Family Leave (PFL)	NYS Paid Parental Leave (PPL)
Eligible: All bargaining units <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- Call Leaves Manager (6051)	Eligible: <input type="checkbox"/> MC 06 <input type="checkbox"/> MC 13 <input type="checkbox"/> UUP <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	Eligible: <input type="checkbox"/> MC 06 <input type="checkbox"/> MC 13 <input type="checkbox"/> CSEA <input type="checkbox"/> UUP <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.
How many weeks requested?	How many weeks requested?	How many weeks requested?
Start: End:	Start: End:	
I am requesting Intermittent Leave <input type="checkbox"/>	I am requesting Intermittent Leave <input type="checkbox"/>	Can only be used in a block of time.
I wish to use my accruals to stay in a paid status <input type="checkbox"/>	Please explain:	

I am requesting to be placed on sick leave @ ½ pay (Classified Employees Only)
*All accruals must be exhausted first

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

- 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.

Part III: Acknowledgements

- My benefits will continue while on leave;
- I must complete my timesheets;
- I will notify HR immediately of any changes to my requested leave.

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: _____

Initials: _____

Initials: _____

I understand that it is my responsibility to communicate with my supervisor regarding time off for this leave request. I also understand that medical information/documentation should not be shared with my supervisor but instead sent directly to Human Resources at humanresources@morrisville.edu or via fax at 315-684-6859.

Employee Signature:	Date:
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EST. 1908

SUNY MORRISVILLE

Leave Request Form

FMLA	NYS Paid Family Leave Available only to unclassified employees (UUP/MC)	NYS Paid Parental Leave Available to MC, UUP & CSEA employees
<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 at 315-684-6859. 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 can't return to work until you have clearance from medical provider. You submit this documentation to Human Resources in order to return to work.</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; HR will send via email. 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 if applicable. <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 leave may begin on date of birth, day of adoption or foster care placement, or anytime thereafter within seven (7) months <p>Steps to apply for Paid Parental Leave:</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. 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. <p>Revised 08/08/2023</p>