## SUNY Geneseo Leave Request Form

### Part I: Personal Information

<table>
<thead>
<tr>
<th>Employee’s Name:</th>
<th>Home Telephone #:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Address:

### Part II: Leave Request Data

#### FMLA
- Eligible: All bargaining units

- [ ] Birth of Child
- [ ] 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
- [ ] Military Leave - Call Leave Managers (5616)

#### NYS Paid Family Leave (PFL)
- Eligible: MC 06, MC 13, UUP

- [ ] Birth of Child
- [ ] Care for seriously ill family member
  - [ ] Spouse Name:
  - [ ] Parent Name:
  - [ ] Child under age 18 Name:

#### NYS Paid Parental Leave (PPL)
- Eligible: MC, CSEA, PEF, UUP, NYSCOPBA

- [ ] Birth of Child

- [ ] Birth Date:

- [ ] Child placed for adoption or foster care
  - Date of placement:

**Date requested leave to begin:**

**Start:**

**End:**

**How many weeks requested?**

**Start:**

**End:**

**How many weeks requested?**

**Start:**

**End:**

**How many weeks requested?**

**Start:**

**End:**

**How many weeks requested?**

**Start:**

**End:**

**How many weeks requested?**

### 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.

**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.

Initials: ________

Initials: ________

Initials: ________

**Employee Signature:**

Date:

### Part IV: Supervisor Information

<table>
<thead>
<tr>
<th>Supervisor Signature:</th>
<th>Print Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Leave Request Form

### FMLA

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

### NYS Paid Family Leave

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 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 Doty Hall 318.
3. Take appropriate WH380 document to health care provider for completion and have them return to HR fax (585) 245-5998.
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 Parental Leave

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 Doty Hall 318.
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 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 applicable.

Revised 5/15/24