



## Leave Request Form

<b>FMLA</b>	<b>NYS Paid Family Leave</b> Available only to unclassified employees (MC/UUP)	<b>NYS Paid Parental Leave</b>
<p>The Family and Medical Leave Act, FMLA, allows eligible employees to take job-protected unpaid leave or substitute earned accruals for up to 12 weeks during a 12 month period</p> <ul style="list-style-type: none"> <li>• the birth of a child or placement of a child for adoption or foster care</li> <li>• to bond with a child (leave must be taken within 1 year of the child's birth or placement)</li> <li>• to care for the employee's spouse, child, or parent who has a serious health condition</li> <li>• your serious health condition that makes you unable to perform the essential functions of your job</li> <li>• for qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent</li> </ul> <p>Steps to apply for FMLA:</p> <ol style="list-style-type: none"> <li>1. Complete the Leave Request Form and submit no more than 30 days in advance or as soon as possible</li> <li>2. Take applicable WH380 to health care provider and have them fax completed forms directly to HR at (631) 759-9203. Forms must include practice stamp or license number and/or be faxed directly from practice for authentication purposes.</li> <li>3. Provide medical clearance note before returning to work to your Leaves Specialist in Human Resources. *You are required to be cleared by Human Resources before returning to work.</li> </ol> <p><b>NOTE: FMLA will run concurrently with Paid Family Leave, Paid Parental Leave and Child Care Leave, when applicable.</b></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.</p> <p>PFL can be taken for:</p> <ul style="list-style-type: none"> <li>• the birth of a child or placement of a child for adoption or foster care</li> <li>• to bond with a child (leave must be taken within 1 year of the child's birth or placement)</li> <li>• to care for the employee's spouse, child, parent, sibling, grandparent or domestic partner who has a serious health condition</li> <li>• to assist family member due to military deployment.</li> </ul> <p>Steps to apply for PFL:</p> <ol style="list-style-type: none"> <li>1. Complete the Leave Request Form and submit no more than 30 days in advance or as soon as possible.</li> <li>2. Complete the appropriate PFL packet.</li> <li>3. Submit completed packet to HR, who will complete the employer statement and return to you to send to The Standard Insurance Co.</li> <li>4. Applications for leave must be submitted to The Standard Insurance Co. no more than 30 days prior to the leave start date or as soon as applicable.</li> </ol> <p><b>NOTE: Paid Family Leave will run concurrently with FMLA and Child Care Leave, when applicable.</b></p>	<p>NYS Paid Parental Leave (PPL) will provide 12 weeks of paid parental leave for employees to bond with a newly born, adopted, or fostered child. Note:</p> <ul style="list-style-type: none"> <li>• PPL is available for use once every 12-month period</li> <li>• a qualifying event begins the 12-month period</li> <li>• leave may begin on date of birth, day of adoption or foster care placement, or anytime thereafter within seven (7) months of qualifying event</li> </ul> <p>Steps to apply for Paid Parental Leave:</p> <ol style="list-style-type: none"> <li>1. Complete the Leave Request Form and submit no more than 30 days in advance or as soon as possible.</li> <li>2. Provide proof of birth, adoption, or foster placement (i.e. birth certificate).</li> </ol> <p><b>NOTE: Paid Parental Leave will run concurrently with FMLA and Child Care Leave, when applicable.</b></p> <p style="text-align: center;"><b>For Questions about Leaves and Submission of All Forms:</b></p> <p style="text-align: center;"><b>Hospital Employees:</b> Human Resources 31 Research Way, Suite 200 E. Setauket NY 11773 EMAIL: <a href="mailto:Leaves@Stonybrookmedicine.edu">Leaves@Stonybrookmedicine.edu</a> Phone: 631-216-8185 Fax: 631-759-9203</p>

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Acceptable supporting medical documentation MUST be submitted on medical provider letter head and include:

- Nature of illness.
- Confirmation that you are unable to perform the essential duties of your job.
- Dates you are or will be disabled from work.
- Date you are expected to be able to return to work, or next re-evaluation date (cannot indicate until further notice).

# STONY BROOK HOSPITAL LEAVE REQUEST FORM

## Part I: Personal Information

Employee's Name & Employee ID #	Telephone #:
Address:	Personal Email address:

## Part II: Leave Request Data

FMLA	NYS Paid Family Leave (PFL)	NYS Paid Parental Leave (PPL)
Eligible All bargaining units	Eligible <input type="checkbox"/> MC 13 <input type="checkbox"/> UUP	Eligible All bargaining units
<input type="checkbox"/> Birth of Child Due Date: <input type="checkbox"/> Serious Health Condition of Employee Is this Workers' Comp related? YES NO <b>Date of Injury:</b> Care for seriously ill family member: Spouse - Name: Parent - Name: 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:
Start: End:	Start: End:	Start: End:
How many weeks requested?	How many weeks requested?	How many weeks requested?
Anticipated Return to work:	Anticipated Return to work:	Anticipated Return to work:
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 and upon date of qualifying event.
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) <input type="checkbox"/> *All accruals must be exhausted first I am requesting to use Leave Donations (Eligible Employees Only) <input type="checkbox"/> *All accruals must be exhausted first I am requesting leave without pay for the time frame below: <input type="checkbox"/>	<b>Part III: Acknowledgements</b> <ul style="list-style-type: none"> <li>I am responsible for submitting my PFL packet to The Standard Insurance Co.;</li> <li>My benefits will continue, however, I am responsible for paying my portion of the health insurance;</li> <li>I will notify HR immediately of any changes to my requested leave.</li> <li>Child Care Leave, to a maximum of 7 months will run concurrently with FMLA, PFL and PPL, as applicable.</li> </ul>	<b>Part III: Acknowledgements</b> <ul style="list-style-type: none"> <li>My benefits will continue while on leave;</li> <li>I will notify HR immediately of any changes to my requested leave.</li> <li>Child Care Leave, to a maximum of 7 months will run concurrently with FMLA and PPL, as applicable</li> </ul>
<b>Part III: Acknowledgements</b> <ul style="list-style-type: none"> <li>My benefits will continue while in a full paid status and covered by FMLA;</li> <li>If unpaid leave, I am responsible for my portion of health insurance; Dept of Civil Service will send me information;</li> <li>I will notify HR immediately of any changes to my requested leave.</li> </ul> Initials: _____	Initials: _____	Initials: _____

Employee Signature:	Date:
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## Part IV: Supervisor Information

Supervisor Name:	Supervisor's Phone Number:	Department:
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