Benefits

NEW YORK STATE OF OPPORTUNITY. | NY Power Authority

LEAVE REQUEST FORM – UNION

EMPLOYEE INFORMATION

Employee Name: Employee Location:

REASON FOR LEAVE OF ABSENCE (check all that apply)

More than one type of leave may apply, and some leaves run concurrently.

Medical Leave	**Paid Family Leave**
❑ Employee Medical Leave	❑ Baby Bonding
❑ Care for Family Member (FMLA)	❑ Care for Family Member (PFL)
❑ Military Leave	❑ Service Member Care/ Exigency Leave

❑ Personal Leave not covered by any other options

❑ Employee Medical Leave(non-FMLA)

LEAVE TIMEFRAME

1. ❑ I am requesting consecutive leave (2 weeks or longer) for the following dates:

   Beginning on (date): Ending on (date):

2. ❑ I am requesting intermittent leave per the following schedule:
   (Intermittent leaves should have a set schedule and duration. Ex: Work 3 days, M-W-F for 1 month, starting ___ date.)

PAY WHILE ON LEAVE (check all that apply)

To be sure you can plan appropriately, you must specify what type of pay you wish to receive, based on the type of leave and your eligibility. Please select from the following option(s):

1. ❑ Employee Medical Leave

    a. Required – Use Sick Accruals until depleted then,
    b. STD Salary Continuation @ 50% -- Maximum $750/week

    - **Required** – You must apply for STD benefits through the Hartford.

2. ❑ Paid Family Leave to care for a family member with a serious health or condition (or other applicable):

    - **Required** – You must also apply for NY PFL through the Hartford.

    Pay options:

    ❑ Receive Paid Family Leave (PFL) benefit only (administered by The Hartford)

    OR

    ❑ Receive PFL and Subsidize with ❑ Sick ❑ Vacation ❑ Floating Holiday

3. ❑ Family Leave -- Accruals Only

    Check all that apply: ❑ Sick ❑ Vacation ❑ Floating Holiday

4. ❑ Unpaid Leave – not covered by any policy and no accrued time available

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EMPLOYEE CERTIFICATION AND SIGNATURE

I understand I am responsible for the cost of my insurance benefits if on unpaid leave and authorize Human Resources to make up insurance premiums owed upon my return to work.

Signature: _____Date: _____

Please provide a personal email and preferred phone # where we can reach you while on leave.

Email: _____ Phone # _____

MANAGER ACKNOWLEDGEMENT

The employee above has notified me of their intent to take a leave of absence.

Manager's Signature: _____ Date: _____

Please return the completed form to HR.Services@nypa.gov