

Employee Notice of Paid Family Leave Payroll Deduction



Employee Name _____

Employer Name _____

New York's Paid Family Leave provides employees with job-protected, paid time off to **bond** with a newly born, adopted, or fostered child, **care** for a family member with a serious health condition, or **assist** loved ones when a family member is deployed abroad on active military service.

Employees pay for these benefits through a small weekly payroll deduction, which is a percentage of their weekly wages up to a cap set annually. The 2018 payroll contribution is 0.126% of an employee's weekly wage and is capped at an annual maximum of \$85.56. Employees earning less than the New York State Average Weekly Wage (\$1305.92 per week), will have an annual contribution amount less than the cap of \$85.56, consistent with their actual weekly wages.

Based on your average weekly earnings of \$ _____.

your estimated weekly deduction will be: \$ _____.

Note: This deduction may fluctuate week to week, depending on your hours worked.

**For more information, including a weekly deduction calculator,
visit ny.gov/PaidFamilyLeave or call the Paid Family Leave Helpline
for assistance at (844) 337-6303.**