



NEW  
YORK  
STATE

Paid Family  
Leave



# A guide for adoption and foster care

May 18, 2023

NYS Workers' Compensation Board



# Agenda

1. Why do we need Paid Family Leave?
2. Paid Family Leave for adoption and foster care
3. 2023 benefits & contributions
4. Employee eligibility
5. How to request Paid Family Leave to bond with a newly adopted or fostered child
6. Top questions about Paid Family Leave for bonding
7. Paid Family Leave and COVID-19
8. Resources
9. Questions



PaidFamilyLeave.ny.gov  
(844) 337-6303



Paid Family  
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# Why do we need Paid Family Leave?





## Why do we need Paid Family Leave?

1. Employees struggle to choose between maintaining a job and caring for loved ones.
2. Employees face the stress of weeks of lost wages.
3. Employees fear losing their jobs.





# New York leads the nation

In April 2016, New York State enacted the nation's strongest and most comprehensive Paid Family Leave policy into law.

- Paid Family Leave is employee-funded insurance that helps workers be there for their family when they're most needed.
- Workers no longer have to choose between caring for their loved ones and their jobs.



## Paid Family Leave basics

Provides **paid time off** and **job protection** so you can:



Bond with a new child.



Care for a family member with a serious health condition.



Assist loved ones when a spouse, domestic partner, child, or parent is deployed abroad.



## Paid Family Leave & COVID-19



Care for yourself or your minor dependent child when under an order of quarantine or isolation due to COVID-19.



# Your rights and protections

Paid time off and:

- **Job protection.**
- **Continued health insurance** while on leave, on the same terms as if you had continued to work.
- **Protection from discrimination and retaliation** for requesting or taking Paid Family Leave.



A photograph of a woman with glasses and a white shirt sitting on a couch, talking to a young boy. The boy is wearing headphones and smiling. The scene is overlaid with a large teal circle on the left side, which contains the main text. The entire image has a teal tint.

# Paid Family Leave for adoption and foster care



## Bonding with a newly adopted or fostered child

- Provides time for parents to bond with a child within the first 12 months of a child's adoption or foster placement.
- This includes children adopted or placed in foster care in 2022, as long as the leave is taken and completed within the first 12 months of the adoption or placement.



## How can Paid Family Leave help you and your newly adopted or fostered child?

Paid Family Leave provides you with time needed to build a connection with your newly adopted or fostered child.

- Helping them adjust to their new environment.
- Restoring normalcy and building connections.
- Providing support and assistance during the transition.

You may be able to take PFL for a pending adoption or foster placement if an absence from work is required for the placement to proceed.



# Caring for a family member with a serious health condition

A serious health condition is defined as an illness, injury, impairment, or physical or mental health condition requiring either:

- **Inpatient care;** or
- **Continuing treatment or supervision** by a health care provider.

A COVID-19 diagnosis may be considered a serious health condition.

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# 2023 benefits and contributions





## Higher maximum benefit

In 2023, eligible employees may take up to **12** weeks of PFL at 67% of their AWW, up to 67% of the NYSAWW.

<b>BENEFITS FOR 2023</b>		
<b>12 weeks</b>	<b>67% of employee's AWW, up to 67% of NYSAWW</b>	<b>New maximum weekly benefit \$1,131.08</b>



# Wage benefits calculator

A wage benefit calculator is available:

[PaidFamilyLeave.ny.gov/  
PFLbenefitscalculator2023](https://PaidFamilyLeave.ny.gov/PFLbenefitscalculator2023)

PAID FAMILY LEAVE

### 2023 Wage Benefit Calculator

Employees who take Paid Family Leave will receive 67% of their average weekly wage (AWW), capped at 67% of the New York State Average Weekly Wage. Generally, your AWW is the average of your last eight weeks of pay prior to starting Paid Family Leave, including bonuses and commissions. The maximum weekly benefit for 2023 is \$1,131.08.

Use the calculator below to view an estimate of your weekly benefit.

Enter your last eight weeks of gross wages:

0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00

**SUBMIT**

*Note: When calculating benefits, Paid Family Leave insurers must use whichever is higher: the last eight weeks worked **including** the week when PFL started, or the last eight weeks worked **not including** the week PFL started.*



## Lower employee contribution

- The 2023 payroll contribution is **0.455%** of an employee's gross wages each pay period, capped at an annual maximum of **\$399.43**.
- If an employee earns less than the New York State Average Weekly Wage of \$1,688.19, their annual contribution will be less than the cap.



# Weekly deduction calculator

A weekly deduction calculator is available:

[PaidFamilyLeave.ny.gov/  
paid-family-leave-calculator2023](https://PaidFamilyLeave.ny.gov/paid-family-leave-calculator2023)

PAID FAMILY LEAVE

## 2023 Paid Family Leave Payroll Deduction Calculator

If you are eligible for Paid Family Leave, you pay for these benefits through a small payroll deduction equal to 0.455% of your gross wages each pay period. In 2023, these deductions are capped at the annual maximum of \$399.43.

Use the calculator below to view an estimate of your deduction.

Enter your gross wages for the pay period, including estimated bonuses/commissions:

\*This calculator is meant to give only an estimate of your PFL deduction. Your actual deduction amount may change depending on whether you receive bonuses and commissions or other forms of compensation as part of your wages.

SUBMIT



## 2023 benefit and contribution summary

As of January 1, 2023:

- **Maximum weekly benefit:** Increases from \$1,068.36 to **\$1,131.08**.
- **Employee contribution rate:** Employers may deduct at the rate of **0.455%** of an employee's gross wages each pay period, capped at an annual maximum of **\$399.43**.

Full details at: [PaidFamilyLeave.ny.gov/2023](https://PaidFamilyLeave.ny.gov/2023)

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# Employee eligibility





## Who is covered?

- Most employees who work for private employers.
- If you work for a public employer, your employer may opt in.
- If you're a public employee represented by a union, you may be covered if Paid Family Leave is collectively bargained.





## Who is eligible?

Employees who work for covered employers are eligible if you:

- **Regularly work 20 or more hours per week.**
  - After 26 consecutive weeks of employment with the same employer.
- **Regularly work fewer than 20 hours per week.**
  - For 175 days with the same employer.

**Citizenship and/or immigration status is not a factor in eligibility.**



## Who is eligible?

- **Domestic workers**
  - Effective January 1, 2022.
  - Covered for disability benefits and Paid Family Leave if employee is working 20 or more hours per week for the private homeowner.
  - Eligible once in employment for 26 consecutive weeks.
- **NEW! Effective January 1, 2023, siblings are included in family members eligible to receive family care under Paid Family Leave.**




## Can you waive coverage?

You can only waive coverage if you:

- **Regularly work 20 or more hours per week** but won't be in employment with your employer for 26 consecutive weeks; or
- **Regularly work fewer than 20 hours per week** and won't work 175 days in a 52-week period.

Employers must provide a waiver form to all employees who qualify.

Employees who properly file a waiver will be **ineligible** for benefits and **exempt** from making contributions.

A photograph of a woman and a young girl looking at something together, overlaid with a teal circular graphic on the left side. The woman is on the right, looking down at the girl on the left. The girl is also looking down. The image is in a teal color scheme.

# How to request Paid Family Leave to bond with a newly adopted or fostered child



## How to request leave



Notify your employer **at least 30 days before the start of your leave** if foreseeable, or as soon as possible. Insurers must pay or deny the request within **18 days of receiving a completed request**, or the first day of leave, whichever is later.



# Step 1: Inform your employer

Let your employer know at least 30 days before your leave will start, if it's foreseeable.

MAY						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			



# Step 2: Complete the required PFL request forms

Bonding leave package includes two forms:

- Request for Paid Family Leave (Form PFL-1)
- Bonding Certification (Form PFL-2)



# Getting request forms

You can get Paid Family Leave request forms from:

- Your employer,
- Your employer’s insurance carrier, or
- [PaidFamilyLeave.ny.gov/forms](https://www.PaidFamilyLeave.ny.gov/forms).

**Request For Paid Family Leave (Form PFL-1)**

**PART A - EMPLOYEE INFORMATION (to be completed by the employee)**

- Employee's legal name (last name, middle initial, first name)
- Other last names, if any, under which employee has worked
- Employee's mailing address (Street address, City, State, Zip code, Country (if not U.S.A.))
- Employee's Social Security number (SSN)
- Employee's date of birth (MM/DD/YYYY)
- Employee's primary telephone number
- Employee's email address
- Employee's gender (Male/Female)
- Employee's preferred language
- Employee's ethnicity and race (Includes checkboxes for various ethnicities and races)

**Paid Family Leave (PFL) Request**

- Reasons for PFL request (Sick with child, Care for family member, Military qualifying event)
- The family member is employee's (Child, Spouse, Domestic partner, Parent, Parent-in-law, Grandparent, Grandchild)
- Estimated PFL start date (MM/DD/YYYY)
- Estimated PFL end date (MM/DD/YYYY)
- If providing less than 30 days advance notice to the employer from the date in 13, please explain:

PFL-1 continued on next page

PFL-1 (04/2020) Page 1 of 4 If you need assistance, please call (848) 237-0233 www.ny.gov/PaidFamilyLeave **BARCODE**



# Completing the Request for Paid Family Leave (Form PFL-1, Part A)

- Employee fills out Part A.
- Employer fills out Part B.
- You must also state why you are requesting the leave and how it pertains to you.

**Request For Paid Family Leave (Form PFL-1)**

**PART A - EMPLOYEE INFORMATION (to be completed by the employee)**

1. Employee's legal name (first name, middle initial, last name): \_\_\_\_\_

2. Other last names, if any, under which employee has worked \_\_\_\_\_

3. Employee's mailing address:  
Street address: \_\_\_\_\_  
City/State: \_\_\_\_\_  
Zip code: \_\_\_\_\_  
Country (if not U.S.A.): \_\_\_\_\_

4. Employee's Social Security number (or TIN): \_\_\_\_\_

5. Employee's date of birth (MM/DD/YYYY): \_\_\_\_\_

6. Employee's primary telephone number: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_

7. Employee's email address: \_\_\_\_\_

8. Employee's gender:  Male  Female

9. Employee's preferred language:  
 English  Spanish  Puerto Rican  Chinese  Italian  Hindi/Asian  Korean  Other \_\_\_\_\_

10. Employee's ethnicity and race:  
Optional, for purposes of health: Bi-racial only (U.S. Centers for Disease Control and Prevention (CDC) code set, version 1.0).  
Is employee of Mexican, Latino/a, or Spanish origin? (One or more categories may be selected.)  
 Mexican  Unknown  
 Mexican American  Black or African American  Other Asian  
 Chinese  Asian Indian  White  
 Puerto Rican  Native Hawaiian  Native Hawaiian  
 Dominican  Filipino  Guamanian or Chamorro  
 Cuban  Japanese  Samoan  
 Puerto Rican, Latino/a, or Spanish origin  Korean  Other Pacific Islander  
 N.E.I. of Hispanic, Latino/a, or Spanish origin  Vietnamese  Other race \_\_\_\_\_

**Paid Family Leave (PFL) Request**

11. Reason for PFL request:  Direct with child  Care for family member  Military qualifying event

12. The family member is employee's:  
 Spouse  Spouse  Domestic partner  Parent  Parent-in-law  Grandparent  Grandchild

13. Estimated PFL start date (MM/DD/YYYY): \_\_\_\_\_

14. Estimated PFL end date (MM/DD/YYYY): \_\_\_\_\_

15. If providing less than 30 days advance notice to the employer from the date in 13, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PFL-1 continued on next page

PFL-1 (03/19)  
Page 1 of 4

If you need assistance, please call (845) 337-4303  
www.paidfamilyleave.com

BARCODE



# Completing the *Request for Paid Family Leave* (Form PFL-1, Part A)

**PART A - EMPLOYEE INFORMATION** (to be completed by the employee) - continued from prior page

*Form PFL-1 continued from prior page*

13. Will PFL be for a continuous period of time and/or periodic?

<input type="checkbox"/>	Continuous	PFL start date (MM/DD/YYYY) [ ][ ] / [ ][ ] / [ ][ ][ ][ ]	PFL end date (MM/DD/YYYY) [ ][ ] / [ ][ ] / [ ][ ][ ][ ]	<input type="checkbox"/>	Dates are estimated	
<input type="checkbox"/>	Periodic	Identify dates periodic PFL will be taken: [ ]			<input type="checkbox"/>	Dates are estimated

14. If providing less than 30 day's advance notice to the employer, please explain:

\_\_\_\_\_



# Completing the *Request for Paid Family Leave (Form PFL-1, Part A)*

**Employment Information** (to be completed by the employee)

15. Business name

16. Employee's date of hire (MM/DD/YYYY)  /  /

17. Employee's work location

Street address

City, State      Zip code      Country (if not U.S.A.)

18. Employee's average gross **weekly** wage (This data will be requested of both employee and employer)

19. Employer's telephone number for contact regarding this request (  )  -

20a. Does employee have more than one employer?  Yes  No

20b. If yes, is employee taking PFL from the other employer?  Yes  No

21. Is employee currently receiving Workers' Compensation Lost Wage Benefits?  Yes  No

**Disclosure statement:** Information regarding PFL benefits received by the employee, such as payments received and types of leave, will be provided to the employer.



# Completing the *Request for Paid Family Leave* (Form PFL-1, Part A)

### Declaration and signature

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I am hereby making a request for paid family leave benefits under the NYS Workers' Compensation Law. My signature affirms that the information I am providing is true and accurate to the best of my knowledge and belief.

Employee's signature

Date signed (MM/DD/YYYY)

/   /

I am submitting this form in advance (see instructions about pre-submitting). I understand the insurance carrier will contact me to advise how to submit the required missing information.



# Employer to complete Request for Paid Family Leave (Form PFL-1, Part B)

FORM PFL-1 - CONTINUED FROM PRIOR PAGE

**TO BE COMPLETED BY THE EMPLOYEE**

Employee's name (first name, middle initial, last name) \_\_\_\_\_ Employee's date of birth (MM/DD/YYYY) \_\_\_\_\_  
 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**PART B - EMPLOYER INFORMATION** (to be completed by the employer)

1. Business's full legal name and mailing address

Business name \_\_\_\_\_  
 Mailing address \_\_\_\_\_  
 City, State \_\_\_\_\_ Zip code \_\_\_\_\_ Country (if not U.S.A.) \_\_\_\_\_

2. Employer's FEIN \_\_\_\_\_ - \_\_\_\_\_

3. Employer's Standard Industrial Classification (SIC) Code \_\_\_\_\_

4. Employer's contact name for questions related to PFL \_\_\_\_\_

5. Employer's contact telephone number ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

6. Employer's contact email address \_\_\_\_\_

7. Employee's date of hire (MM/DD/YYYY) \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

8. Employee's occupation Codes are available at: [www.bls.gov/oes/2018/major\\_group.html](http://www.bls.gov/oes/2018/major_group.html) \_\_\_\_\_ - \_\_\_\_\_

9. Enter the last 8 weeks of gross wages for the employee and calculate the average gross weekly wage

Week no.	Week ending date (M/DD/YYYY)	Number of days worked	Gross amount paid
1			
2			
3			
4			
5			
6			
7			
8			
Calculated average gross <u>weekly</u> wage:			

10. If employee received or will receive full wages while on PFL, will employer be requesting reimbursement?  Yes  No  
 Form PFL-1 continued on next page



# Completing the *Bonding Certification (Form PFL-2)*



INSTRUCTIONS INCLUDED WITH FORM

**TO BE COMPLETED BY THE EMPLOYEE**

Employee's name (first name, middle initial, last name)  Employee's date of birth (MM/DD/YYYY)

Other last names, if any, under which employee has worked  Employee's Social Security Number or TIN

Employee's mailing address

City, State  Zip code  Country (if not U.S.A.)

**BONDING CERTIFICATION (to be completed by the employee)**

- Child's date of birth (MM/DD/YYYY)
- Child's gender  Male  Female  Not designated/Other
- Does child live with the employee requesting PFL?  Yes  No
- Child is employee's:
  - Biological child  Stepchild  Foster child  Adopted child  Legal ward  Spouse/Domestic partners child  Loco parent
- Select one of the following and attach the document as required as evidence of the relationship.
 

Parent of newborn child:

  - Birth mother:
    - Health care provider certification of pregnancy (include expected due date AND mother's name); OR
    - Health care provider certification of birth (include date of birth of child AND mother's name); OR
    - Child's birth certificate
  - Other parent:
    - Copy of birth certificate naming second parent; OR
    - Voluntary acknowledgment of paternity; OR
    - Court order of filiation; OR
    - Birth mother document (see above) PLUS one of the following:
      - Marriage certificate; OR
      - Certificate of civil union; OR
      - Evidence of domestic partnership
    - OR, Other documentation of parental relationship
  - Foster parent:
    - Letter of foster care placement or anticipated placement issued by county or city department of Social Services or authorized voluntary foster care agency
  - Adoptive parent:
    - Court document finalizing adoption
    - Documentation in furtherance of adoption
- Date of foster care or adoption placement, if applicable (MM/DD/YYYY)

Form PFL-2 continued on next page





## Proof of relationship for foster care

A foster parent's claim for Paid Family Leave to bond with a child must be supported by documentation.

- An official letter of placement.

If the employee is not named in the placement document, submit:

- Copy of the document evidencing the placement, and
- A second document verifying the relationship to the parent named in the document.



## Proof of relationship for adoption

An adoption claim for Paid Family Leave to bond with a child must be supported by documentation.

- A court document indicating that an adoption is in process, or being finalized; or
- when leave is taken prior to completion of the adoption, a document evidencing that the adoption process is underway.

If the second parent is not named in the document, the employee must provide:

- Copy of the document evidencing adoption, and
- A second document verifying the relationship to the parent named in the document.



## Step 3: Send forms to insurance carrier

- Send all forms and documentation to your employer's insurance carrier.
- The insurance carrier must pay or deny within 18 calendar days of receiving your completed request, or the first day of leave, whichever is later.

MAY						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			



## Handling disputes

- If your claim is denied, or you have another claim-related dispute, you may request arbitration.
- Arbitration for Paid Family Leave is handled by NAM (National Arbitration and Mediation)  
[nyspfla.namadr.com](https://nyspfla.namadr.com).





# Protection from discrimination

You can file a **discrimination claim** with the Workers' Compensation Board if your employer:

- Does not reinstate you to the same or comparable position,
- Terminates you,
- Reduces your pay and/or benefits, or
- Disciplines you in any way for requesting or taking Paid Family Leave.

**PAID FAMILY LEAVE DISCRIMINATION / RETALIATION COMPLAINT**

Complete this form only if:

- You have submitted the Formal Request for Reinstatement Regarding Paid Family Leave (Form PFL-DC-119) to your employer AND the Workers' Compensation Board, and
- Your employer has not responded within 30 days OR you were not satisfied with their explanation as to why your employment conditions were changed.

A hearing will be scheduled after your employer receives this form and has an opportunity to respond.

Attach to this form:

- Proof of receipt of family leave benefits, or
- Your request for family leave benefits (if benefits were not received), and
- Evidence, such as a letter of termination or the name of a witness, that the following occurred in relation to requesting or taking Paid Family Leave:
  - Employer's refusal to reinstate you to your original or comparable position,
  - Termination of employment,
  - Reduced pay and/or benefits, and/or
  - Disciplinary action.

When you have completed the form:

- Send it to the Workers' Compensation Board: Paid Family Leave, PO Box 9030, Endicott, NY 13761-9030.
- Send a copy to your employer.
- Keep a copy for your records.

Failure to complete this form, including the required attachments, may delay processing of your complaint.

**Employee's Information**

Name (LAST, FIRST, MI): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Social Security #/Tax Identification #: \_\_\_\_\_

**Employer's Information (as it appears on your pay stub)**

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Federal Identification Number (F EIN): \_\_\_\_\_

Person who discriminated against me was:

Their position is (check one):  Owner  Supervisor  Manager

**Paid Family Leave Information**

Check one of the following:


- Paid Family Leave was formally requested and granted. Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
- Paid Family Leave was formally requested and denied.
- No formal request was made for Paid Family Leave.

Date Request for Paid Family Leave (Form PFL-1) was given to employer: \_\_\_\_\_

or mention of Paid Family Leave was made (if applicable): \_\_\_\_\_

Type of Paid Family Leave:  Bonding with a Child  Care for Family Member  Qualifying Military Event

PFL-DC-120 (1-18) Page 1 of 2 If you need assistance, please call (844) 537-6303 [www.ny.gov/PaidFamilyLeave](http://www.ny.gov/PaidFamilyLeave)

A photograph of a family of four sitting on a light-colored sofa. A man with glasses is holding a globe, a boy is writing in a notebook, and a girl is also writing in a notebook. The image is overlaid with a semi-transparent teal circle on the left side, which contains the main text.

# Top questions about Paid Family Leave for bonding



## How are Paid Family Leave and FMLA similar?

Both Paid Family Leave and the Family and Medical Leave Act provide:

- Leave for:
  - bonding with a child,
  - caring for a family member with a serious health condition, and
  - assisting when a family member is called to active military service abroad.
- Job protection.
- Continued health insurance during leave on the same terms as if you had continued to work.



# How do Paid Family Leave and FMLA differ?

	PFL	FMLA
Benefits	Paid	Unpaid
Coverage	<ul style="list-style-type: none"> <li>▪ Almost all private employers</li> <li>▪ Public employers may opt in</li> <li>▪ <b>One or more employees in employment</b> on each of at least 30 days in any calendar year</li> </ul>	<ul style="list-style-type: none"> <li>▪ Public and private employers</li> <li>▪ <b>50 or more employees</b> in a 75-mile radius</li> </ul>
Eligibility	<ul style="list-style-type: none"> <li>▪ After <b>26</b> consecutive weeks of employment if regularly working <b>20</b> or more hours per week</li> <li>▪ After <b>175</b> days worked if regularly working less than <b>20</b> hours per week</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>12</b> months of employment</li> <li>▪ <b>1,250</b> hours of work in the <b>12</b>-month period preceding leave</li> </ul>
Reason for Leave	<ul style="list-style-type: none"> <li>▪ Employees <b>cannot</b> use for own serious health condition</li> <li>▪ Can be used to care for a child of any age</li> </ul>	<ul style="list-style-type: none"> <li>▪ Employee <b>can</b> use for own serious health condition</li> <li>▪ Can only be used to care for a child if the child is under 18 years old, or “incapable of self-care because of a mental or physical disability”</li> </ul>
Length of Leave	<ul style="list-style-type: none"> <li>▪ Only in full-day increments</li> </ul>	<ul style="list-style-type: none"> <li>▪ Hourly basis</li> </ul>
Paid Time Off	<ul style="list-style-type: none"> <li>▪ Employers cannot require employees use paid time off while on PFL</li> </ul>	<ul style="list-style-type: none"> <li>▪ Employer can compel an employee to use paid time off while on FMLA</li> </ul>



## How does Paid Family Leave work with other maternity/paternity leave policies?

- Employers are free to supplement Paid Family Leave with additional benefits.
- Employers can require Paid Family Leave to run concurrently with their own maternity/paternity leave policies.
- Check with your employer about how the benefits interact.



## What if the child being adopted or fostered is not an infant?

- There is no age limit on taking Paid Family Leave to bond with an adopted or fostered child.
- Bonding leave must be completed within the first year after the child's adoption or foster placement.

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# Paid Family Leave and COVID-19





## COVID-19 quarantine leave

May be available when:

- You are subject to an order of mandatory or precautionary quarantine or isolation due to COVID-19.
- Your minor, dependent child is subject to an order of mandatory or precautionary quarantine or isolation due to COVID-19.





## Taking leave for personal quarantine

- You may apply for a combination of Paid Family Leave and disability benefits to receive your full pay (up to a cap).
- Paid Family Leave benefits are **67%** of pay, up to a maximum of **\$840.70** weekly.
- Disability benefits make up the difference, up to a maximum of **\$2,043.92** weekly.
- The total combined weekly benefit is **\$2,884.62**.
- There is no waiting period for either benefit.

**You will have job protection for the duration of the quarantine.**



## Taking leave for your child's quarantine

You may also apply for NYS Paid Family Leave if your minor, dependent child is under an order of mandatory or precautionary quarantine or isolation.

- NYS Paid Family Leave provides 67 percent of pay, up to a maximum weekly benefit of \$840.70.





# Full details

[PaidFamilyLeave.ny.gov/COVID-19](https://PaidFamilyLeave.ny.gov/COVID-19)



PaidFamilyLeave.ny.gov  
(844) 337-6303



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# Resources





## Learn more

Visit [PaidFamilyLeave.ny.gov](https://PaidFamilyLeave.ny.gov) to access:

- Detailed information on Paid Family Leave.
- Paid Family Leave request forms and fact sheets.
- Weekly benefit and payroll deduction calculators.
- Paid Family Leave updates for 2023.
- Information about COVID-19 quarantine leave benefits.



## Learn more

### Helpline:

(844) 337-6303

### Website:

[PaidFamilyLeave.ny.gov](https://www.PaidFamilyLeave.ny.gov)

### Get Email Updates:

Select “Get Paid Family Leave Updates” on the bottom of the PFL homepage.





# Questions?