



Paid Family Leave • PO Box 9030, Endicott, NY 13761-9030

Claimants waive their right to future benefits beyond the terms of this Agreement with respect to the discrimination claims that are subject to this Agreement. Please see page 2 for more information as well as instructions on completing the form.

Submission of this Waiver Agreement does not warrant the cancellation of any hearing already scheduled. A Workers' Compensation Law Judge will review this agreement with all parties *at a hearing* for approval as required by the Board.

PFL Case Number(s):	Claimant Name (Last, First, MI):
Employer Name:	

Provide all terms agreed upon in this Agreement (attach additional sheets, if necessary):

Please check if the following apply and complete the requested information (Instructions on page 2).

- Support Enforcement** - Supporting document from jurisdiction attached, see page(s): _____
- Pending Appeals** - Upon approval of this Section 32 Waiver Agreement by the Workers' Compensation Board, the appeal filed on _____ is hereby withdrawn.

Settlement Amount

In return for the claimant's waiver of their compensation for discrimination, upon final approval of the Agreement, the employer agrees to pay the claimant the amount of \$ _____, less a fee of \$ _____ payable to the claimant's attorney, subject to approval of the fee by the Workers' Compensation Board. Claimant's attorneys agree to waive any previously awarded but unpaid attorney fees as of the date the Agreement is finally approved by the Board.

This Agreement is prepared and submitted pursuant to Section 32 of the Workers' Compensation Law. By signing below, each party to the Agreement affirms that they have read and understand its provisions. Each party also affirms that they understand that the Agreement, if approved by the Workers' Compensation Board, is conclusive, final and binding on all parties.

The undersigned hereby consent to their own free will to be subject to the above provisions and acknowledge receipt of a copy of this agreement.

Claimant - Please Print	Claimant - Signature	Date
Claimant's Attorney/Lic. Representative - Please Print	Claimant's Attorney/Lic. Representative - Signature	Date
Employer - Please Print	Employer - Signature	Date
Employer's Attorney/Lic. Representative - Please Print	Employer's Attorney/Lic. Representative - Signature	Date

Important Information for the Claimant

Note: You are waiving your right to future benefits with respect to the discrimination claims that are subject to this Agreement. If this Agreement waives your right to reinstatement, your employer is not obligated to rehire you.

Right to Withdraw: All parties to the Agreement have ten (10) calendar days from the date the Section 32 Waiver Agreement is deemed to have been submitted to the Board to withdraw from the Agreement.

Settlement Check: The employer has ten (10) calendar days from the date the approval of the Agreement becomes final to send the settlement check to you, unless a party submits a written notice of withdrawal.

Final and Conclusive: Please remember that once the ten (10) day withdrawal period from the date the Agreement is deemed to have been submitted has passed and the Agreement is approved by the Board, the Agreement is final and conclusive on the parties of interest.

Modification: After the Board issues a notice of decision approving the Section 32 Waiver Agreement, the Agreement can be modified only upon the Agreement of all parties and approval by the Board.

Communication with Board: Any communication with the Board should reference your PFL Case Number.

Instructions for Completing the Section 32 Waiver Agreement: PFL Discrimination Claim

In order to expedite the resolution processing of the Section 32 Waiver Agreement, the parties are requested to follow these instructions. Failure to follow these instructions and to provide the necessary accompanying documents may result in the resolution of the Section 32 Waiver Agreement being delayed. The statute and regulation pertaining to Section 32 Waiver Agreements (WCL Section 32 and 12 NYCRR 300.36) are available at www.wcb.ny.gov.

1. Form: Submit a legible Form PFL-32-D via email to PaidFamilyLeave@wcb.ny.gov or by mail to **Paid Family Leave, PO Box 9030, Endicott NY 13761**. The terms of the Agreement must be in a single separate attachment. If it becomes necessary to modify the Agreement, please submit a new amended Agreement incorporating the modifications, rather than an addendum. Any claim included in a Section 32 Waiver Agreement must be assembled and assigned a Case Number by the Board. A copy of the Section 32 Waiver Agreement must be submitted for each claim included in the Agreement.

2. Pending Appeals: If there is a pending Appeal for a case included in a Section 32 Waiver Agreement, the Agreement must indicate that the appeal is withdrawn or resolved. The Board will not approve Section 32 Waiver Agreements for claims that have an unresolved pending Appeal.

3. Support Enforcement: Pursuant to Workers' Compensation Law Section 33, if the claimant has an outstanding order of support, the Section 32 Waiver Agreement must provide for payment in full. Documentation no less than 30 days old from the appropriate Support Collection Agency detailing the current lien amount must be submitted. Prior to approving any Section 32 Waiver Agreement, the Board will conduct a search for any outstanding child support obligations.

4. Attorney Fees: Whenever a fee is requested in excess of \$1,000, the requested fee is to be made upon form OC-400.1 and attached to this Agreement. Claimant's attorneys agree to waive any previously awarded but unpaid attorney fees of the date the Agreement is finally approved by the Board.

5. Page Numbers: Number the pages of the supporting document(s) as follows: Page 1 of 4, Page 2 of 4, etc.

6. Signatories: Have all parties of interest sign and date this form prior to submission.

7. Language to Avoid - Do not include reference to:

A claim(s) being disallowed or "disallowed" by stipulation.

An unassembled claim(s) that has (have) not been assigned a Case Number by the Board.

A waiver of the ten (10) day withdrawal period.

Identifiable confidential information pertaining to an individual not a party to the Agreement.

When the Agreement comes binding.

The Board will not approve any Agreement that provides that a claim is "disallowed" by stipulation of the parties because such language implies finding by the Board, which is not the case.

8. Waiver of Reinstatement Permissible: The claimant/employee may waive their right to reinstatement under Sections 120 and 203-b of the Workers' Compensation Law in exchange for payment when set forth in the Terms section of the Agreement.