



NEW  
YORK  
STATE

Paid Family  
Leave



# A guide for employees

February 3, 2022


NYS Workers' Compensation Board



# Agenda

1. Paid Family Leave Overview
2. Uses of Paid Family Leave
3. Benefits
4. Employee Contributions
5. Eligibility
6. How to Take Paid Family Leave
7. PFL and COVID-19
8. Resources



A blurred, teal-tinted photograph of a family. A woman is holding a baby, and a man is looking towards the camera. The image is partially obscured by a large teal circle on the left side.

# 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



**New!** Care for yourself or your minor dependent child when you are 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 close-up photograph of a man with glasses and a mustache kissing a newborn baby on the forehead. The man's hands are gently cradling the baby. The image is overlaid with a semi-transparent teal circle on the left side, which contains the title text.

# Basic uses of Paid Family Leave



## Bonding with a child

Provides time for both parents to bond with a child within the first 12 months of:



**Birth**



**Adoption**



**Foster Care**



## Caring for a family member with a serious health condition

Qualifying family members include:

- Spouse
- Domestic partner
- Child
- Stepchild
- Parent
- Parent-in-law
- Stepparent
- Grandparent
- Grandchild

**NEW!** Effective January 1, 2023, siblings will be included in family members eligible to receive family care under Paid Family Leave.

These family members **can live outside** of New York State and even outside the U.S.



## 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.



# Caring for a family member with a serious health condition

Examples of conditions that may qualify as serious health conditions:

- your mother is receiving chemotherapy and needs emotional support
- your spouse/domestic partner is recuperating from surgery
- your child is undergoing treatment for addiction





# Caring for a family member with a serious health condition

Examples of health conditions not considered serious under Paid Family Leave:

- common cold/flu
- routine dental, orthodontia
- cosmetic treatment





## Assisting during a military deployment

For assistance when a spouse, child, domestic partner or parent is deployed abroad on active military service. Events may include:

- Short notice military deployment
- Military events, which may include official ceremonies or informational briefings related to the active duty
- Service member's rest and recuperation
- Counseling
- Post-deployment activities
- Making financial/legal arrangements
- Child care arrangements for military member's child

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(844) 337-6303



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# Benefits & contributions





# Time off and wage benefits

Eligible employees may take up to **12** weeks of PFL.

BENEFITS FOR 2022		
Year	Weeks of Leave	Benefits
2022	12 Weeks	67% of employee's AWW, Up to 67% of SAWW



# Wage benefit calculator

A wage benefit calculator is available:

[PaidFamilyLeave.ny.gov/  
PFLbenefitscalculator2022](https://PaidFamilyLeave.ny.gov/PFLbenefitscalculator2022)

**PAID FAMILY LEAVE**

### 2022 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 2022 is \$1,068.36.

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.*



## How much do you pay?

- In 2022, the payroll contribution is **0.511%** of your gross wages each pay period, capped at an annual maximum of **\$423.71**
- If you earn less than the New York State Average Weekly Wage, your annual contribution will be less than the cap



# Weekly deduction calculator

A weekly deduction calculator is available:

[PaidFamilyLeave.ny.gov/  
paid-family-leave-calculator2022](https://PaidFamilyLeave.ny.gov/paid-family-leave-calculator2022)

PAID FAMILY LEAVE

## 2022 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 0.511% of your gross wages each pay period. In 2022, these deductions are capped at the annual maximum of \$423.71.

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



## Summarizing the updates for 2022

- **Maximum weekly benefit increase:** Benefit increased from \$971.61 to **\$1,068.38**
- **Employee contribution rate:** As of January 1, 2022, employers may deduct at the rate of **0.511%** of an employee's gross wages each pay period, capped at an annual maximum of **\$423.71**

Full details at: [PaidFamilyLeave.ny.gov/2022](https://PaidFamilyLeave.ny.gov/2022)

# 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?

- **NEW! 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



## 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.

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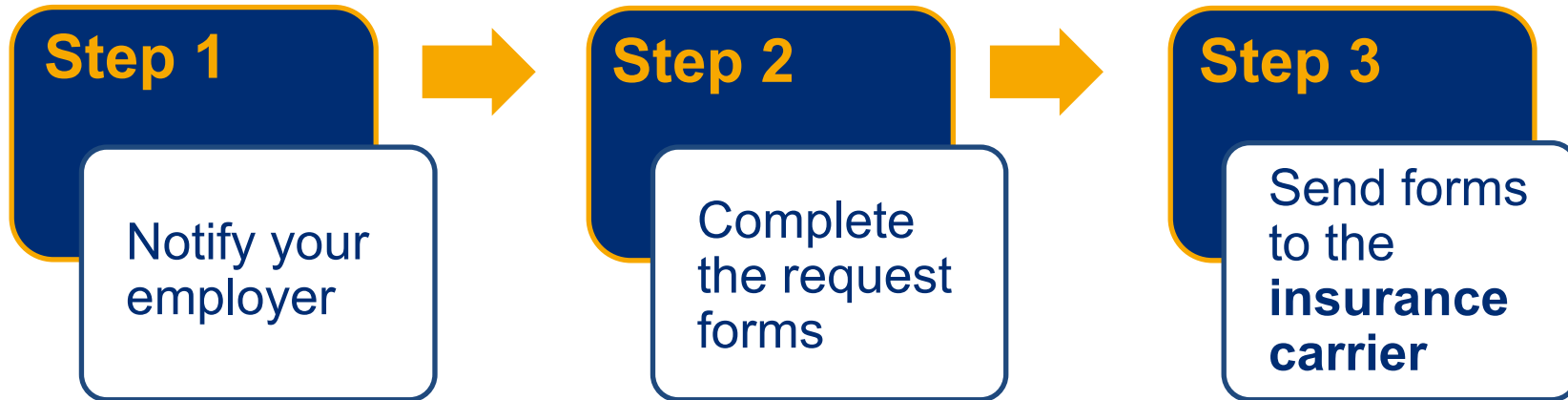
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# Taking Paid Family Leave





## 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.



# Getting request forms

You can get Paid Family Leave request forms from:

- Your employer
- Your employer’s insurance carrier
- [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  
 English  Spanish  Russian  Polish  Chinese  Italian  Hindi  Korean  Other
- Employee's ethnicity and race  
Obtain for purposes of health demographic only (U.S. Centers for Disease Control and Prevention (CDC) code set, version 1.0).  
Is employee of Hispanic, Latino/a, or Spanish origin? (One or more categories may be selected.)  
 Mexican  Dominican  
 Puerto Rican  Cuban  
 Other Hispanic, Latino/a, or Spanish origin  
What is employee's race? (One or more categories may be selected.)  
 American Indian or Alaska Native  
 Black or African American  
 White  
 Asian Indian  
 Chinese  
 Filipino  
 Japanese  
 Korean  
 Vietnamese  
 Other Asian  
 Other  
 Hawaiian or Chamorro  
 Samoan  
 Other Pacific Islander  
 Other race

**Paid Family Leave (PFL) Request**

- Reasons for PFL request:  Care 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 (04/20) Page 1 of 4  
If you need assistance, please call (845) 231-2333 www.ny.gov/PaidFamilyLeave **BARCODE**



## 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

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, you can file a **discrimination claim** with the Workers' Compensation Board

**Paid Family Leave** **PAID FAMILY LEAVE DISCRIMINATION / RETALIATION COMPLAINT**

PO Box 9030, Endicott, NY 13761-9030

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:

1. Proof of receipt of family leave benefits, or
2. Your request for family leave benefits (if benefits were not received), and
3. 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 (FEN): \_\_\_\_\_

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

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(844) 337-6303



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# Paid Family Leave & FMLA





## 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
  - 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?

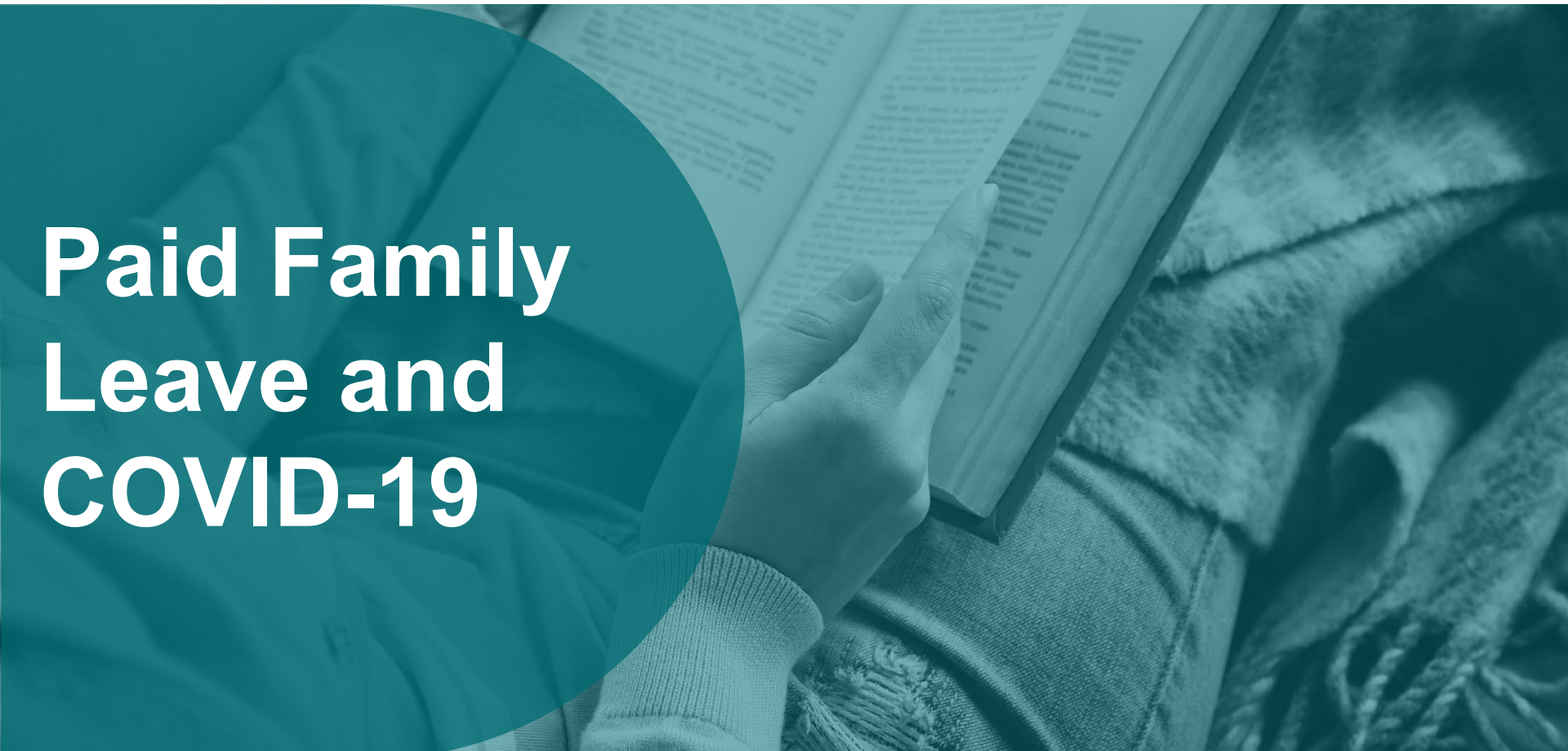
	<b>PFL</b>	<b>FMLA</b>
<b>Benefits</b>	<b>Paid</b>	<b>Unpaid</b>
<b>Coverage</b>	<ul style="list-style-type: none"> <li>▪ Almost all private employers</li> <li>▪ Public employers may opt in</li> <li>▪ <b>One or more employees in employment</b> on each of at least 30 days in any calendar year</li> </ul>	<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>
<b>Eligibility</b>	<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>
<b>Reason for Leave</b>	<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>
<b>Length of Leave</b>	<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>
<b>Paid Time Off</b>	<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>

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# Paid Family Leave and COVID-19





# COVID-19 quarantine leave

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





## Employees who work for small employers

For most employees who work for an employer with **10** or fewer employees and a business net annual income of less than **\$1 million**:

- You can use a combination of Paid Family Leave and disability benefits.
- After receiving your full Paid Family Leave benefit (up to **\$840.70** weekly), you will receive disability benefits to match your full wages up to a maximum weekly disability benefit of **\$2,043.92**, for a total of **\$2,884.62** per week.
- There is no waiting period for either benefit.

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



## Employees who work for medium employers

For most employees who work for an employer with **11 to 99** employees, and smaller employers (**1 to 10** employees) with a business net annual income greater than **\$1 million**:

- Your employer is required to provide at least **five days** of COVID-19 paid sick leave.
- After that, you can use a combination of Paid Family Leave and disability benefits.
- After receiving your full Paid Family Leave benefit (up to **\$840.70** weekly), you will receive disability benefits to match your full wages up to a maximum weekly disability benefit of **\$2,043.92**, for a total of **\$2,884.62** per week.
- There is no waiting period for either benefit.

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



## Employees who work for large employers

For most employees who work for an employer with **100 or more** employees, as well as all public employees:

- Your employer is required to provide at least **14 days** of COVID-19 paid sick leave for a COVID-19-related quarantine, which should cover the period of a mandatory or precautionary order of quarantine or isolation.

**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%** of pay, up to a maximum weekly benefit of **\$840.70**





# Full details

[PaidFamilyLeave.ny.gov/COVID19](https://PaidFamilyLeave.ny.gov/COVID19)



PaidFamilyLeave.ny.gov  
(844) 337-6303



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**Paid Family  
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here to help**





## 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 2022
- 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 PFL website





**Thank you!**