



**Paid Family  
Leave**

# A guide for employees

February 1, 2024


NYS Workers' Compensation Board



## Agenda

1. Why do we need Paid Family Leave?
2. Basic uses of Paid Family Leave
3. 2024 benefits and contributions
4. Employee eligibility
5. Taking Paid Family Leave
6. Paid Family Leave and FMLA
7. Paid Family Leave and COVID-19
8. Resources



A blurred background image of a family: a woman, a man, and a young child. A large teal circle is overlaid on the left side of the image, containing the text.

# 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

Paid Family Leave is **insurance fully funded by employees**

It provides **paid time off** and **job protection** for employees to:



Bond with a new child



Care for a family member  
with a serious health condition



Assist loved ones when a family  
member 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





# Basic uses of Paid Family Leave

A close-up, low-angle shot of a man with glasses and a beard, wearing a white shirt, gently kissing the top of a baby's head. The baby is lying down, and the man's face is partially visible in profile. The image is overlaid with a large teal circle on the left side, which contains the title text.



## 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
- Sibling
- Parent/stepparent
- Parent-in-law
- Grandparent
- Grandchild

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



# 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 family member is deployed abroad on active military service. Events may include:

- Short notice military deployment
- Military events; related activities
- Service member's rest and recuperation
- Counseling
- Post-deployment activities
- Making financial/legal arrangements
- Childcare arrangements for military member's child

A photograph of a Black woman with curly hair smiling at a young child with a white bow in their hair. The image is overlaid with a large teal circle on the left side, which contains the text "2024 benefits and contributions".

# **2024 benefits and contributions**



## **Paid Family Leave basics**

In 2024, eligible employees may take up to **12** weeks of PFL at 67% of their AWW, up to 67% of the NYSAWW

<b>BENEFITS FOR 2024</b>		
<b>12 weeks</b>	<b>67% of employee's AWW, up to 67% of NYSAWW</b>	<b>New maximum weekly benefit \$1,151.16</b>



# Weekly benefits calculator

A wage benefit calculator is available:

[PaidFamilyLeave.ny.gov/  
PFLbenefitscalculator2024](https://PaidFamilyLeave.ny.gov/PFLbenefitscalculator2024)

PAID FAMILY LEAVE

## 2024 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 2024 is \$1,151.16.

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.*



## 2024 employee contribution

- The 2024 payroll contribution is **0.373%** of an employee's gross wages each pay period, capped at an annual maximum of **\$333.25**
- If an employee earns less than the New York State Average Weekly Wage of \$1,718.15, their annual contribution will be less than the cap



# Weekly deduction calculator

A weekly deduction calculator  
is available:

[PaidFamilyLeave.ny.gov/  
paid-family-leave-calculator2024](https://PaidFamilyLeave.ny.gov/paid-family-leave-calculator2024)

## PAID FAMILY LEAVE

### 2024 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 0.373% of your gross wages each pay period. In 2024, these deductions are capped at the annual maximum of \$333.25.

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

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

0.00

\*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 2024 benefits and contributions

Benefits are higher and the cost is lower!

- **Maximum weekly benefit increase:** Benefit increasing from \$1,131.08 to **\$1,151.16**
- **Employee contribution rate:** Employees will pay **0.373%** of their gross wages each pay period, capped at an annual maximum of **\$333.25**. This is \$66.18 less than 2023
  - Employers may deduct at the new rate starting January 1, 2024

# 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 they regularly work:

- **Full-time employees (including domestic workers): 20 or more hours per week**
  - 26 consecutive weeks of employment with the same employer
- **Part-time employees: Less than 20 hours per week**
  - 175 days with the same employer

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



## 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

[PaidFamilyLeave.ny.gov](https://PaidFamilyLeave.ny.gov)  
(844) 337-6303



**Paid Family  
Leave**

# 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://PaidFamilyLeave.ny.gov/forms)

The image shows the 'Request For Paid Family Leave (Form PFL-1)' form. It is a blue and white document with the New York State logo and 'Paid Family Leave' text at the top. The form is divided into sections: 'PART A - EMPLOYEE INFORMATION (to be completed by the employee)' and 'Paid Family Leave (PFL) Request'. Section A includes fields for legal name, Social Security number, date of birth, primary telephone number, email address, gender, preferred language, ethnicity, and race. The 'Paid Family Leave (PFL) Request' section includes fields for the reason for the request, the family member being cared for, the estimated start date, and the estimated end date. There is a section for providing less than 30 days advance notice. The form is labeled 'PFL-1 (03-08)' and 'Page 1 of 4'. It also includes a barcode and the website 'www.ny.gov/PaidFamilyLeave'.



## 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** **DISCRIMINATION / RETALIATION COMPLAINT**

Paid Family Leave • 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

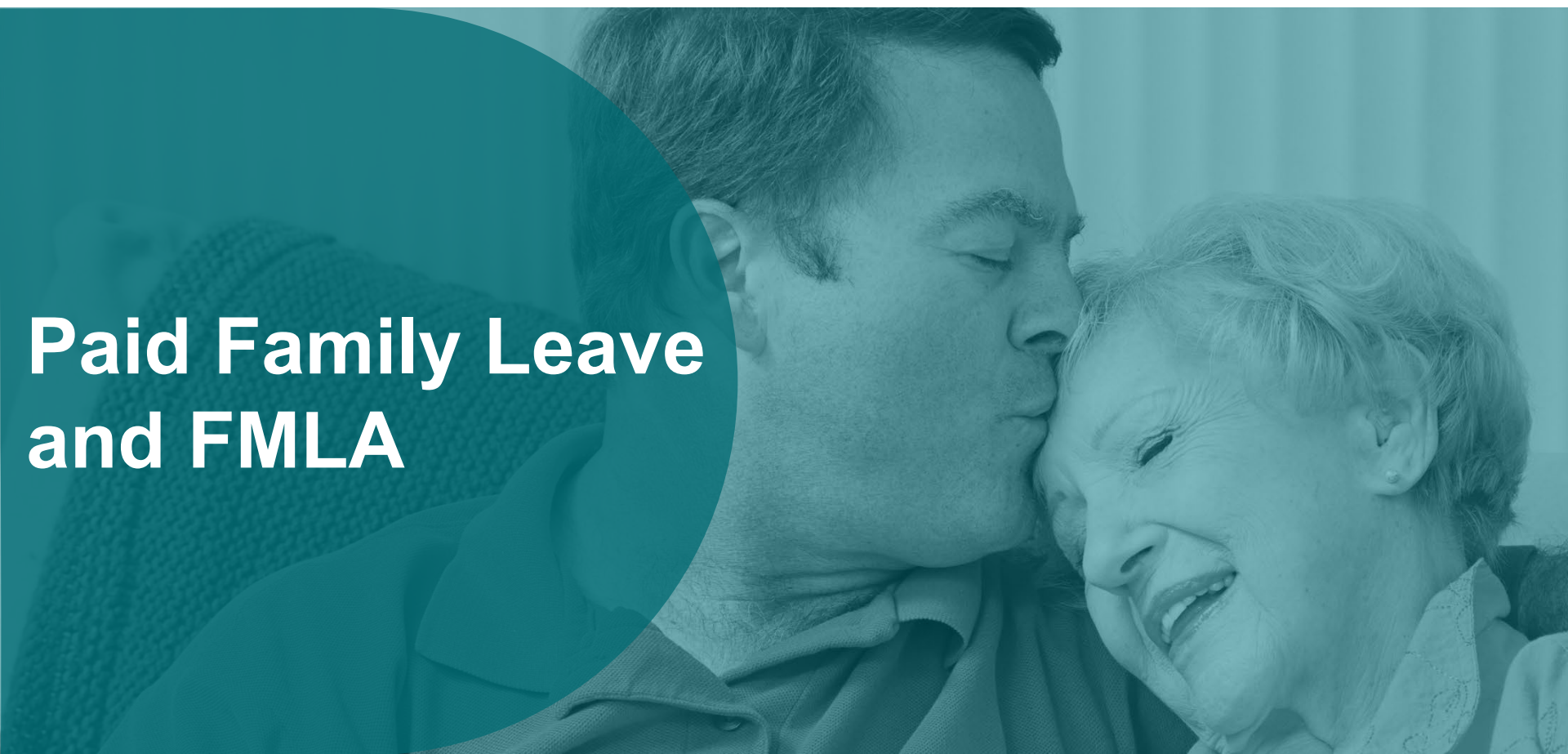
PFL-DC-120 (1-18) Page 1 of 2 If you need assistance, please call (844) 337-6303 [www.ny.gov/PaidFamilyLeave](http://www.ny.gov/PaidFamilyLeave) 

**PaidFamilyLeave.ny.gov**  
**(844) 337-6303**



**Paid Family  
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# **Paid Family Leave and 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?

	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>

A large teal-colored circle that serves as a background for the title text. It is positioned on the left side of the image, partially overlapping the background photograph.

# Paid Family Leave and COVID-19





# COVID-19 quarantine leave

## Available when:

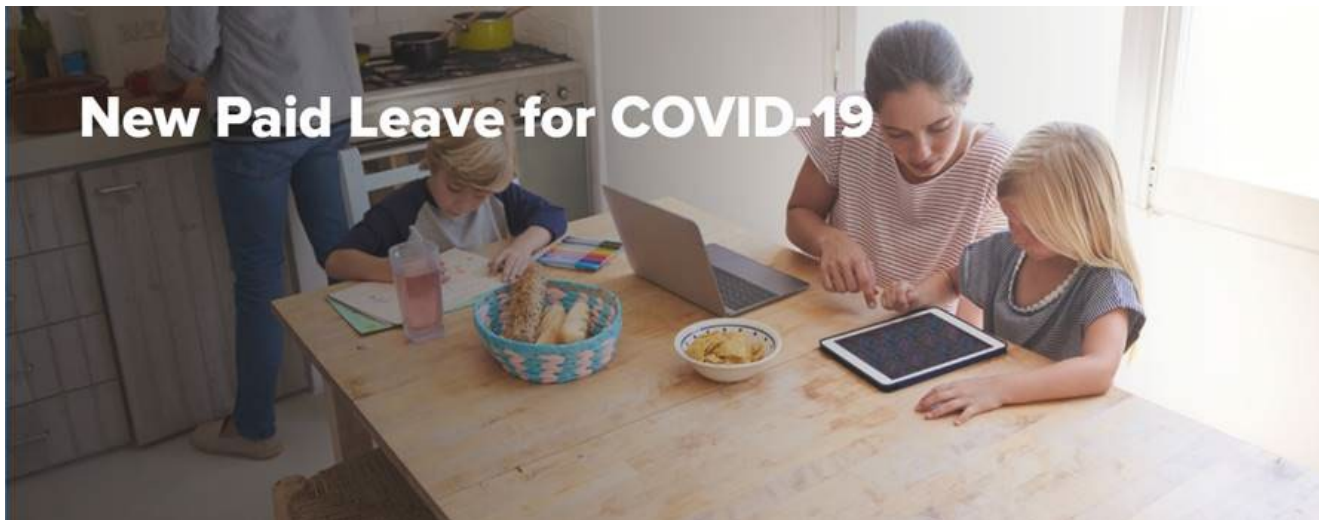
- You are subject to an order of mandatory or precautionary quarantine or isolation due to COVID-19
- Your minor, dependent child is subject to an order of mandatory or precautionary quarantine or isolation due to COVID-19





# Full details

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



# 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
- Information about COVID-19 quarantine leave benefits



## Learn more

### Helpline:

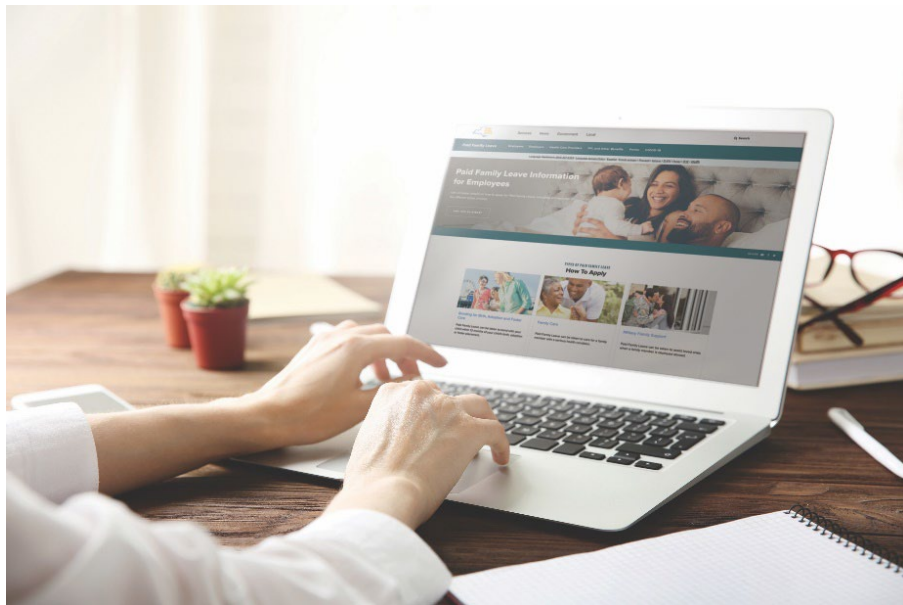
(844) 337-6303

### Website:

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

### Get Email Updates:

Select “Get Updates” on the bottom of PFL website







# Thank you!