



NEW
YORK
STATE

Paid Family
Leave



A guide to foster care and adoption

July 6, 2022

NYS Workers' Compensation Board



Agenda

1. Why New York needs Paid Family Leave
2. Eligibility, benefits and contributions
3. Taking Paid Family Leave for a newly adopted or fostered Child
4. Top questions about Paid Family Leave for bonding
5. Paid Family Leave and COVID-19
6. Resources
7. Questions



PaidFamilyLeave.ny.gov
(844) 337-6303



Paid Family
Leave

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.





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 looking at the woman. The scene is overlaid with a large teal circle on the left side, which contains the main title text. The background is a soft-focus indoor setting.

Paid Family Leave for foster care and adoption



Bonding with a newly adopted or fostered child

- Provides for both parents to bond with a child within the first 12 months of a child's foster placement.
- This includes children placed in foster care in 2021, as long as the leave is taken and completed within the first 12 months of the 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 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 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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Paid Family
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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

PaidFamilyLeave.ny.gov
(844) 337-6303



Paid Family
Leave

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.
- **NEW! Effective January 1, 2023, siblings will be 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. The woman is on the right, and the girl is on the left. They are both smiling and looking down at something in the girl's hands. The image is overlaid with a semi-transparent teal circle on the left side, which contains the main text.

Taking Paid Family Leave to bond with a newly 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
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15	16	17	18	19	20	21
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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)

1. Employee's legal name (last name, middle initial, first 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 (SSN): _____ - _____ - _____

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 Russian Polish Chinese Italian Hindi Other _____

10. 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 Mexican American Puerto Rican Dominican Cuban Another Hispanic, Latino/a, or Spanish origin Not of Hispanic, Latino/a, or Spanish origin
 American Indian or Alaska Native Black or African American Asian Indian Chinese Filipino Japanese Korean Vietnamese Other Asian or Alaska Native White Native Hawaiian or Other Pacific Islander Other race _____

Paid Family Leave (PFL) Request

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

12. The family member is employee's: Child 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 (03/20) Page 1 of 4 If you need assistance, please call (845) 251-0233 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)

- Employee's legal name (first name, middle initial, last name)
- Other last names, if any, under which employee has worked
- Employee's mailing address
Street address
City/State
Zip code
- 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 Puerto Rican Chinese Vietnamese Hindi Other
- Employee's ethnicity and race. Options include: Mexican American, Chinese, Puerto Rican, Dominican, Cuban, Indian, Pakistani, Latinx or Spanish origin, N.E. of Hispanic, Latinx, or Spanish origin, American Indian or Alaska Native, Black or African American, Asian Indian, Other Asian, White, Native Hawaiian, Other Hawaiian, Filipino, Japanese, Other Pacific Islander, Vietnamese, Other race.
- Reason for PFL request: Care with child Care for family member Military qualifying event
- The family member is employee's: Spouse Spouse Domestic partner Parent Parent-in-law Sibling-in-law Sibling
- 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 (03/23)
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_codes.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 (MM/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

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.



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
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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

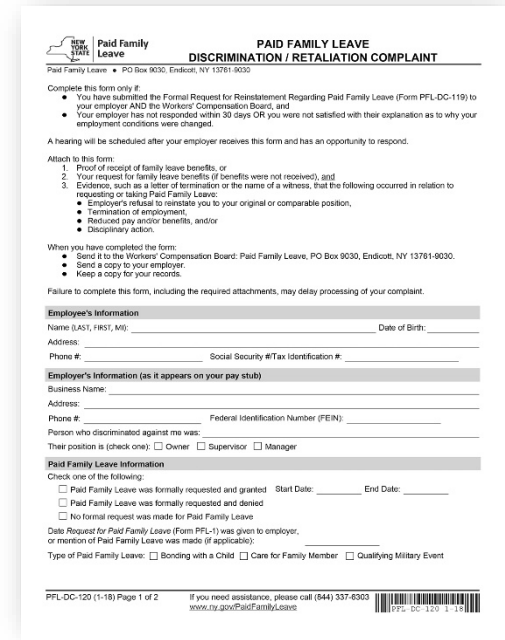
- If your claim is denied, or you have another claim-related dispute, you may request arbitration.
- Arbitration for Paid Family Leave is handled by NAM (National Arbitration and Mediation) nyspfla.namadr.com.



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 (FEIN): _____

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) 337-4302
www.ny.gov/psl/paidfamilyleave 

A photograph of a family—a man, a boy, and a girl—sitting on a couch and studying together. The man is holding a globe, the boy is holding a notebook, and the girl is 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"> ▪ Almost all private employers ▪ Public employers may opt in ▪ One or more employees in employment on each of at least 30 days in any calendar year 	<ul style="list-style-type: none"> ▪ Public and private employers ▪ 50 or more employees in a 75-mile radius
Eligibility	<ul style="list-style-type: none"> ▪ After 26 consecutive weeks of employment if regularly working 20 or more hours per week ▪ After 175 days worked if regularly working less than 20 hours per week 	<ul style="list-style-type: none"> ▪ 12 months of employment ▪ 1,250 hours of work in the 12-month period preceding leave
Reason for Leave	<ul style="list-style-type: none"> ▪ Employees cannot use for own serious health condition ▪ Can be used to care for a child of any age 	<ul style="list-style-type: none"> ▪ Employee can use for own serious health condition ▪ 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”
Length of Leave	<ul style="list-style-type: none"> ▪ Only in full-day increments 	<ul style="list-style-type: none"> ▪ Hourly basis
Paid Time Off	<ul style="list-style-type: none"> ▪ Employers cannot require employees use paid time off while on PFL 	<ul style="list-style-type: none"> ▪ Employer can compel an employee to use paid time off while on FMLA



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 fostered is not an infant?

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

PaidFamilyLeave.ny.gov
(844) 337-6303



Paid Family
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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 percent of pay, up to a maximum weekly benefit of \$840.70.





Full details

PaidFamilyLeave.ny.gov/COVID19



PaidFamilyLeave.ny.gov
(844) 337-6303



**Paid Family
Leave**



**Paid Family
Leave is
here to help**



Learn more

Visit 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://www.PaidFamilyLeave.ny.gov)

Get Email Updates:

Select “Get Updates” on the bottom of PFL website.





Questions?