



NEW  
YORK  
STATE

Paid Family  
Leave

A photograph taken from the interior of a helicopter, looking out through the open rear door. A paratrooper in full military gear is seen from behind, standing on the edge of the door and looking out over a vast, green, hilly landscape. The interior of the helicopter is dark, with various mechanical parts and wiring visible. The sky is bright and clear.

# A guide for military service

June 28, 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 military service
4. Top questions about Paid Family Leave for military service
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.



PaidFamilyLeave.ny.gov  
(844) 337-6303



Paid Family  
Leave

# Paid Family Leave for military service





## Assist 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 duties related to active duty.
- Service member's rest, recuperation or counseling.
- Post-deployment activities, which may include arrival ceremonies and reintegration events.
- Making financial/legal arrangements.
- Child care arrangements for military member's child.



## Why Paid Family Leave for military is so important

- Peace of mind that employees can provide support to their family without having to worry about financial security.
- Military spouses can focus on their career and families.
- Provides time for employees to be present and reconnect with loved ones when they return from deployment.

PaidFamilyLeave.ny.gov  
(844) 337-6303



Paid Family  
Leave

# 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)

A photograph of two women wearing face masks, overlaid with a teal circular graphic on the left side. The woman on the right is looking towards the camera, while the woman on the left is looking down. The background is slightly blurred, showing some foliage.

# 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.

PaidFamilyLeave.ny.gov  
(844) 337-6303



Paid Family  
Leave

# Taking Paid Family Leave for military service





## 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

Military leave package includes two forms:

- *Request for Paid Family Leave (Form PFL-1)*
- *Military Qualifying Event (Form PFL-5)*
- *Template for Documentation for Military Qualifying Event (Form PFL-5-T)*

The image shows the 'Request For Paid Family Leave (Form PFL-1)' form. It is titled 'Request For Paid Family Leave (Form PFL-1)' and includes the New York State logo. The form is divided into several sections:

- PART A - EMPLOYEE INFORMATION (to be completed by the employee):**
  - 1. Employee's legal name (last 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, County (if not USA))
  - 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, Chinese, etc.)
  - 10. Employee's ethnicity and race (with checkboxes for various groups like Mexican, American Indian, etc.)
- Paid Family Leave (PFL) Request:**
  - 11. Reason for PFL request (Sick with DNE, Care for family member, Military qualifying event)
  - 12. The family member is employee's (Child, Spouse, Domestic partner, Parent, etc.)
  - 13. Estimated PFL start date (MM/DD/YYYY)
  - 14. Estimated PFL end date (MM/DD/YYYY)
  - 15. If providing less than 10 days advance notice to the employer from the date in 13, please explain:

At the bottom, it includes the text 'PFL-1 (03-20) Page 1 of 4', a barcode, and the website 'www.ny.gov/paidfamilyleave'.



# 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).

The image shows the 'Request For Paid Family Leave (Form PFL-1)' form. It is titled 'Request For Paid Family Leave (Form PFL-1)' and includes the New York State logo. The form is divided into sections: 'PART A - EMPLOYEE INFORMATION (to be completed by the employee)', 'Paid Family Leave (PFL) Request', and a footer with contact information and a barcode.

**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, Punjabi, Hindi, Chinese, Italian, Hindi/Urdu, Other)
- Employee's ethnicity and race (Options for Hispanic/Latino/Spanish origin and race/ethnicity)

**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.

Footer: PFL-1 (04/20) Page 1 of 4. If you need assistance, please call (845) 251-2333 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 the family member it pertains to is related 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: \_\_\_\_\_ County (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  Chinese  Hindi  Tagalog  Vietnamese  Other \_\_\_\_\_

10. Employee's ethnicity and race  
Optional, 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  Cuban  American Indian or Alaska Native  
 Puerto Rican  Other Hispanic, Latino/a, or Spanish origin  
 Black or African American  Asian Indian  Other Asian  
 Chinese  Japanese  Korean  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 (03-03) Page 1 of 4  
If you need assistance, please call (848) 331-6283 www.ny.gov/PaidFamilyLeave



# 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		
<input type="text"/>		
16. Employee's date of hire (MMDD/YYYY) <input type="text"/> / <input type="text"/> / <input type="text"/>		
17. Employee's work location		
Street address		
<input type="text"/>		
City, State	Zip code	Country (if not U.S.A.)
<input type="text"/>	<input type="text"/>	<input type="text"/>
18. Employee's average gross <b>weekly</b> wage (This data will be requested of both employee and employer)		
<input type="text"/>		
19. Employer's telephone number for contact regarding this request ( <input type="text"/> ) <input type="text"/> - <input type="text"/>		
20a. Does employee have more than one employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
20b. If yes, is employee taking PFL from the other employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		
21. Is employee currently receiving Workers' Compensation Lost Wage Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> 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/2010/major\\_codes.html](http://www.bls.gov/oes/2010/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 (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 *Military Qualifying Event (Form PFL-5)*

**MILITARY QUALIFYING EVENT (to be completed by the employee)**

1. Name of military member on covered active duty or impending call to covered active duty status (international deployment) (first name, middle initial, last name)

\_\_\_\_\_

2. Military member's date of birth (MM/DD/YYYY)  /  /

3. Military member's gender  Male  Female  Not designated/Other

4. Military member's mailing address

Mailing address

\_\_\_\_\_

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

5. The above-named military member is employee's:  Spouse  Domestic partner  Child  Parent

6. Period of military member's covered active duty (MM/DD/YYYY)

/  /  to  /  /

7. Please select one of the following and attach the indicated document to support that the military member is on covered active duty or impending call or order to covered active duty status:

Covered active duty orders  Letter of impending call or order to covered duty  Documentation of military leave signed by the approving authority for military member's Rest and Recuperation

**Qualifying Reason For Leave (to be completed by the employee)**

8. What is the reason employee is requesting PFL? (One or more reasons may be selected.)

Arranging for child care  Acting as military member's representative before a federal, state, or local agency for purpose of obtaining, arranging, or appealing military service benefits

Arranging for parental care  Attending any event sponsored by the military or military service organizations

Counseling  Other

Making financial arrangements  \_\_\_\_\_

Making legal arrangements

*Form PFL-5 continued on next page*



# Completing the *Military Qualifying Event (Form PFL-5)*

FORM PFL-5 - 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)

\_\_\_\_\_

/  /

## MILITARY QUALIFYING EVENT (to be completed by the employee) - continued from prior page

*Form PFL-5 continued from prior page*

9. Written documentation supporting this request for leave is available and attached?

Yes  No  None Available

**Note:** A complete and sufficient certification to support a request for PFL leave due to a qualifying event includes any available written documentation which supports the need for leave; such documentation may include a copy of a meeting announcement for informational briefings sponsored by the military; a document confirming the military member's Rest and Recuperation leave; a document confirming an appointment with a third party, such as a counselor or school official, or staff at a care facility, or a copy of a bill for services for the handling of legal or financial affairs. If leave is requested to meet with a third party, the employee must provide the supporting documentation of the meeting that includes the name, address, appropriate contact information of the individual or entity with whom you are meeting (i.e., either telephone number, fax number, or email address of the individual or entity).

### 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)

\_\_\_\_\_

/  /



# Completing the *Template for Documentation for Military Qualifying Event (Form PFL-5-T)*

<b>TO BE COMPLETED BY THE EMPLOYEE</b>		
<b>Employee's name</b> (first name, middle initial, last name) <hr/>	<b>Employee's date of birth</b> (MM/DD/YYYY) □□ / □□ / □□□□	
<b>Other last names, if any, under which employee has worked</b> <hr/>	<b>Employee's Social Security Number or TIN</b> □□□□ - □□□ - □□□□□□	
<b>Employee's mailing address</b>		
Mailing address <hr/>		
City, State <hr/>	Zip code <hr/>	Country (if not U.S.A.) <hr/>



# Completing the *Template for Documentation for Military Qualifying Event (Form PFL-5-T)*

**QUALIFYING REASON FOR LEAVE - DOCUMENTATION**

If leave is requested to meet with a third party, the employee must provide supporting documentation of the meeting that includes the name, address, and appropriate contact information of the individual or entity with whom you are meeting (i.e., either the telephone number, fax number or email address of the individual or entity). The reason for a meeting can include: arranging for child or parental care, counseling, making financial or legal arrangements, acting as the military member's representative before a federal, state or local agency for purposes of obtaining, arranging or appealing military service benefits, or attending any event sponsored by the military or military service organizations.

Please submit this documentation for each required meeting/event.

Name of individual with whom employee is meeting \_\_\_\_\_

Title \_\_\_\_\_

Organization \_\_\_\_\_

Telephone number (provide area or country code) \_\_\_\_\_

Fax number (provide area or country code) \_\_\_\_\_

Email address \_\_\_\_\_

Mailing address \_\_\_\_\_

Mailing address \_\_\_\_\_

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

Describe nature of meeting. Include dates, if known:

PFL-5-T (11-17) Template for Documentation for Military Qualifying Event

If you need assistance, please call (844) 337-6303 [www.ny.gov/PaidFamilyLeave](http://www.ny.gov/PaidFamilyLeave)





## 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

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**  
 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) 537-6303  
www.ny.gov/PaidFamilyLeave



# Top questions about Paid Family Leave for military leave





## 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>

## What is needed to demonstrate a domestic partnership?

- Common ownership of property,
- Children in common,
- Sign of intent to marry,
- Shared budgeting, and
- Length of personal relationship.





## Can military leave be used to take time off to care for a service member's child?

- Military leave covers making arrangements for the service member's child and may include:
  - Providing care on an urgent, immediate need basis.
  - Providing care if they have a serious health condition.
  - Enrolling or transferring the child to a new school or day care facility.
  - Attending meetings with staff at a school or daycare facility.
- Ongoing, routine childcare needs are not covered.



## Can you take Paid Family Leave to care for ill or injured service members or veterans?

Employees can take Paid Family Leave under family care for the following qualifying family members with a serious health condition:

- 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.



## Can you take Paid Family Leave to care for ill or injured service members or veterans?

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.



## **How does Paid Family Leave differ from benefits administered by the U.S. Department of Veterans Affairs (VA)?**

- Benefit is for the employee, as the caregiver helping their ill or injured family member (veteran).
- Illness or injury of the veteran does not have to be service connected.
- Nature of the veteran's military discharge does not matter.
- Illness or injury does not need a final diagnosis.



## How do you plan leave when you don't know exact dates?

- Inform your employer and submit your forms/documentation as soon as possible.
- Submit your request within 30 days from first day of leave to prevent lost benefits.
- For intermittent leave, employers can require as much notice as practicable before each day of leave.
- Estimated dates can be provided on ***Form PFL-1***.



## Do you have to submit the entire form package each time you need leave?

- Each insurance carrier's process may differ.
- **Section 204(1) of the Workers' Compensation Law:** if the events are separated by more than three months, they are different qualifying events and a new form package would likely be required.

PaidFamilyLeave.ny.gov  
(844) 337-6303



Paid Family  
Leave

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

### Get Email Updates:

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





# Questions?