

Management Employee Medical Leave – FMLA

The following provides initial information for employees that need time off for their own medical conditions. If you have 12 months of NYPA service, at least 1,250 hours over the past 12 months, this absence may qualify under the Family Medical Leave Act (FMLA). If you qualify, you may take up to 12 weeks of unpaid job-protected leave in a 12-month period. **You must contact HR Services or your site HR Representative to schedule a consultation to discuss your leave request. For White Plains/Albany, you may send your request to Benefits Team in MyHR+.**

Attached and listed below are the documents required to begin the leave process. These forms will be discussed with you during your leave consultation with a Benefits representative.

Leave Request Form

You must complete this form to initiate the leave process.

Healthcare Provider Certification

This form must be completed by you and your healthcare provider 30 days prior to the start of your leave or as soon as practicable.

Privacy Law Notification

This is a required notice under the Public Officers Law when collecting personal information about you for your Family and Medical Leave.

Below are links to the NYPA policies relating to leaves.

- [E.P. 3.3 Family & Medical Leave Act \(FMLA\)](#)
- [EP 3.12 Time away from work](#)
- [E.P 2.1 Salary Administration](#)

Return-to-Work Requirements

You are required to provide certification or a letter from your healthcare provider to return to work from medical leave. This certification must be provided **5 business days prior to your return**. You will not be permitted to return to work without this medical release.

LEAVE REQUEST FORM – MANAGEMENT

EMPLOYEE INFORMATION	
Employee Name:	Employee Location:
REASON FOR LEAVE OF ABSENCE (check all that apply) More than one type of leave may apply, and some leaves run concurrently.	
Family Medical Leave	Paid Family Leave
<input type="checkbox"/> Employee Medical Leave <input type="checkbox"/> Care for Family Member (FMLA) <input type="checkbox"/> NYPA Parental Leave <input type="checkbox"/> Military Leave	<input type="checkbox"/> Baby Bonding <input type="checkbox"/> Care for Family Member (PFL) <input type="checkbox"/> Service Member Care/ Exigency Leave <input type="checkbox"/> Other
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Service Member Care/ Exigency Leave <input type="checkbox"/> Employee Medical Leave(non-FMLA) </div> <div style="width: 45%;"> <input type="checkbox"/> Personal Leave not covered by any other options </div> </div>	
LEAVE TIMEFRAME	
1. <input type="checkbox"/> I am requesting consecutive leave (2 weeks or longer) for the following dates: <div style="display: flex; justify-content: space-around; margin-top: 10px;"> Beginning on (date): Ending on (date): </div>	
2. <input type="checkbox"/> I am requesting intermittent leave per the following schedule: (Intermittent leaves should have a set schedule and duration. Ex: Work 3 days, M-W-F for 1 month, starting ____ date.)	

PAY WHILE ON LEAVE (check all that apply)

To be sure you can plan appropriately, you must specify what type of pay you wish to receive, based on the type of leave and your eligibility. Please select from the following option(s):

1. ☐ Employee Medical Leave
 - a. Required – Use Sick Accruals until depleted then,
 - b. Salary Continuation @ 50% (Applies after sick leave is exhausted, within the first 12 weeks of the leave)
 - c. Optional--Subsidize 50% Salary Continuation for 100% pay total with: (select all that apply)

☐ Half-day Vacation
☐ Half-day Floating Holiday
2. ☐ NYPA Parental Leave/Salary Continuation--12 weeks at 100% Pay
 - **Required** – You must also apply for NY PFL through the Hartford.
3. ☐ Paid Family Leave to care for a family member with a serious health or condition (or other applicable):
 - **Required** – You must also apply for NY PFL through the Hartford.

Pay options:

☐ Receive Paid Family Leave (PFL) benefit only (administered by The Hartford)

OR

☐ Receive PFL and Subsidize with ☐ Sick ☐ Vacation ☐ Floating Holiday
4. ☐ Family Leave – Using Accruals Only
 - **Required** – You must also apply for NY PFL through the Hartford.

Check all that apply: ☐ Sick ☐ Vacation ☐ Floating Holiday
5. ☐ Unpaid Leave – not covered by any policy and no accrued time available

EMPLOYEE CERTIFICATION AND SIGNATURE

I understand I am responsible for the cost of my insurance benefits if on unpaid leave and authorize Human Resources to make up insurance premiums owed upon my return to work.

Signature: _____ Date: _____

Please provide a personal email and preferred phone # where we can reach you while on leave.

Email: _____ Phone # _____

MANAGER ACKNOWLEDGEMENT

The employee above has notified me of their intent to take a leave of absence.

Manager's Signature: _____ Date: _____

Please return the completed form to Benefits Team in MyHR+