Leave of Absence/Income Replacement – Quick Reference Tables

The charts below may be used as a quick reference for the leave or income replacement benefit, eligibility, and the required forms. Please refer to the Leave and Income Replacement Administration Handbook and Paid Time Off and Accrual Administration Handbook for additional information.

In addition to the forms outlined in the charts below, all employees requesting leave should be provided with an Employee Request for Leave form. Employees who are enrolled in RF Benefits may also be provided with a Leave Application for Continuation of Group Benefits and the appropriate Insurance Premiums and Benefits Rate sheet for their benefit premium payments.

Leave Due to an Employee's Own Serious Health Condition

Program	Type	Eligibility	Required Forms
FMLA	Job Protection	• Worked at least 12 months for the RF. • Worked at least 1,250 hours within the last 12 months	• Form WH-381-Notice of Eligibility and Rights and Responsibilities • FMLA Employee Rights and Responsibilities under FMLA • Form WH-380E-Certification of Health Care Provider for Employee's Serious Health Condition • Form WH-382- Designation Notice ○ Once enough information has been received to make a determination on the leave approval status.
Short-Term Disability*	Income Replacement due to an Off the Job Injury/Illness	• After four consecutive weeks of service for full-time employees or • After 25 regular work days for part-time employees	• Statement of Rights (DB-271S) • Notice and Proof of Claim for Disability Benefits (DB-450) • Authorization for Use in Obtaining Information Form • NYS Disability – Direct Deposit Form (optional)

*Note: there may be additional waiting periods for Voluntary Short-Term Disability benefits. Please see the Benefits Handbook for additional information.

Leave Due to the Birth of a Child: Birthing Parent

Program	Type	Eligibility	Required Forms
FMLA*	Job Protection	• Worked at least 12 months for the RF. • Worked at least 1,250 hours within the last 12 months	• Form WH-381-Notice of Eligibility and Rights and Responsibilities • FMLA Employee Rights and Responsibilities under FMLA • Form WH-380E-Certification of Health Care Provider for Employee's Serious Health Condition • Form WH-382- Designation Notice ○ Once enough information has been received to make a determination on the leave approval status.
Short-Term Disability**	Income Replacement due to an Off the Job Injury/Illness	• After four consecutive weeks of service for full-time employees or • After 25 regular work days for part-time employees	• Statement of Rights (DB-271S) • Notice and Proof of Claim for Disability Benefits (DB-450) • Authorization for Use in Obtaining Information Form • NYS Disability – Direct Deposit Form (optional)
NYS Paid Family Leave*	Income Replacement and Job Protection	• Must work in NYS • Work 26 weeks if 20+ hours/week or; • 175 days if less than 20 hours/week	• PFL Statement of Rights (PFL271) • PFL FAQs • Notice of Compliance (PFL 120) • How to Request Paid Family Leave to Bond with a newly born, adopted or fostered Child

*Leave under FMLA and PFL will run concurrently, when possible, for a circumstance which is covered under both leave benefits, except during periods of PTO Parental use.

**Note: there may be additional waiting periods for Voluntary Short-Term Disability benefits. Please see the Benefits Handbook for additional information.

Leave due to Birth of a Child (Non-Birthing Parent), Adoption, or Foster Care

Program	Type	Eligibility	Required Forms
FMLA*	Job Protection	• Worked at least 12 months for the RF. • Worked at least 1,250 hours within the last 12 months	• Form WH-381-Notice of Eligibility and Rights and Responsibilities • FMLA Employee Rights and Responsibilities under FMLA • Documentation of relationship/placement • Form WH-382- Designation Notice ○ Once enough information has been received to make a determination on the leave approval status.
NYS Paid Family Leave*	Income Replacement and Job Protection	• Must work in NYS • Work 26 weeks if 20+ hours/week or; • 175 days if less than 20 hours/week	• PFL Statement of Rights (PFL271) • PFL FAQs • Notice of Compliance (PFL 120) • How to Request Paid Family Leave to Bond with a newly born, adopted or fostered Child

* Leave under FMLA and PFL will run concurrently, when possible, for a circumstance which is covered under both leave benefits, except during periods of PTO Parental use.

Leave to Care for a Covered Family Member due to their Serious Health Condition

Program	Type	Eligibility	Covered Family Members	Required Forms
FMLA	Job Protection	• Worked at least 12 months for the RF. • Worked at least 1,250 hours within the last 12 months	• Spouse • Child-A child age 18 or older is covered if they are "incapable of self-care because of a mental or physical disability" at the time that FMLA leave is to commence. • Parent	• Form WH-381-Notice of Eligibility and Rights and Responsibilities • FMLA Employee Rights and Responsibilities under FMLA • Form WH-380F-Certification of Health Care Provider for Family Member's Serious Health Condition • Form WH-382- Designation Notice ○ Once enough information has been received to make a determination on the leave approval status.
NYS Paid Family Leave	Income Replacement and Job Protection	• Must work in NYS • Work 26 weeks if 20+ hours/week or; • 175 days if less than 20 hours/week	• Spouse • Domestic partner* • Child* • Parent • Parent-in-law* • Grandparent* • Grandchild* • Sibling*	• PFL Statement of Rights (PFL 271) • PFL FAQs • Notice of Compliance (PFL 120) • How to Request Paid Family Leave to care for a family member with a serious health condition

*Leave under FMLA and PFL will run concurrently, when possible for a circumstance which is covered under both leave benefits. The asterisks indicate a family member which is not covered under FMLA. Children age 18 and older are covered under PFL.

Leave Due to a Qualifying Exigency

Program	Type	Eligibility	Covered Family Members	Required Forms
FMLA	Job Protection	• Worked at least 12 months for the RF. • Worked at least 1,250 hours within the last 12 months	• Spouse • Child, of any age • Parent	• Form WH-381-Notice of Eligibility and Rights and Responsibilities • FMLA Employee Rights and Responsibilities under FMLA • Form WH-384-Certification of Military Family Leave for Qualifying Exigency under FMLA • Form WH-382- Designation Notice ○ Once enough information has been received to make a determination on the leave approval status.

NYS Paid Family Leave	Income Replacement and Job Protection	• Must work in NYS • Work 26 weeks if 20+ hours/week or; • 175 days if less than 20 hours/week	• Spouse • Domestic Partner* • Child • Parent	• PFL Statement of Rights (PFL 271) • PFL FAQs • Notice of Compliance (PFL 120) • How to Request Paid Family Leave to provide assistance when a family member is deployed abroad

*Leave under FMLA and PFL will run concurrently, when possible, for a circumstance which is covered under both leave benefits. The asterisks indicate a family member which is not covered under FMLA.

Leave to Care for a Covered Service Member or Veteran Due to their Serious Health Condition

Program	Type	Eligibility	Covered Family Members	Required Forms

FMLA	Job Protection	• Worked at least 12 months for the RF.
		• Worked at least 1,250 hours within the last 12 months
			• Spouse
			• Child, of any age
			• Parent
			• Next of Kin*
				• Form WH-381-Notice of Eligibility and Rights and Responsibilities
				• FMLA Employee Rights and Responsibilities under FMLA
				• If Current Servicemember:
				  ○ Form WH-385- Certification for Serious Injury or Illness of a Current Servicemember for Military Caregiver Leave under FMLA
				• If Veteran:
				  ○ Form WH-385-V Certification for Serious Injury or Illness of a Veteran for Military Caregiver Leave under FMLA
				• Form WH-382- Designation Notice
				  ○ Once enough information has been received to make a determination on the leave approval status.

NYS Paid Family Leave	Income Replacement and Job Protection	• Must work in NYS • Work 26 weeks if 20+ hours/week or; • 175 days if less than 20 hours/week	• Spouse • Domestic partner* • Child* • Parent • Parent-in-law* • Grandparent* • Grandchild* • Sibling*	• PFL Statement of Rights (PFL 271) • PFL FAQs • Notice of Compliance (PFL 120) • How to Request Paid Family Leave to care for a family member with a serious health condition

*Leave under FMLA and PFL will run concurrently, when possible, for a circumstance which is covered under both leave benefits. The asterisks indicate a family member which is not specifically covered under FMLA. Please keep in mind that there may be individuals who are covered as a "Next of Kin," who may not qualify under FMLA.