



Request for New York Paid Family Leave Benefits

Submission Information

Return the completed form to:

Attention: Liz Dibble-Pompa
Medical Leaves Administration
395 Pine Tree Rd. Suite 102
Ithaca, NY 14850
Telephone: (607) 255-1136
Fax: (607) 255-1888
Email: ejd232@cornell.edu

Employee Instructions

All items on this form must be completed and submitted at least 30 days in advance of the requested leave. If less than 30 days advance notice is being given, an explanation must be provided in question 4. Additional forms and supporting documentation will be required depending on the type of leave being requested as outlined below.

ADDITIONAL REQUIRED FORMS

Reason for Paid Family Leave (PFL)	Required Additional Form
Bond with a newborn, a newly adopted child, or foster child	Bonding Certificate Form
Care for a family member with a serious health condition*	Health Care Provider Certification for Care of Family Member with Serious Health Conditions Form
Time off due to a family member's active military duty or impending active military duty	Military Qualifying Event Form

*Care for family member with a serious health condition

If you are requesting PFL to care for a family member with a serious health condition, the care recipient or an authorized representative must complete a *Release of Personal Health Information Under The Paid Family Leave Law* (Form PFL-3). This form must be provided to the care recipient's health care provider along with the *Health Care Provider Certification For Care Of Family Member With Serious Health Condition* form. The health care provider completes the *Health Care Provider Certification For Care Of Family Member With Serious Health Condition* form and returns it to the employee requesting Paid Family Leave.

Deadlines

The required additional forms must be submitted at least 30 days in advance of the requested leave, in addition to this request form. Once this request form has been submitted, you will receive an acknowledgement notice with the status of your request.

Failure to submit the additional required forms will result in the DENIAL of your request for Paid Family Leave, and any Paid Family Leave benefits already received will be rescinded/revoked.

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 Signature: _____ Date Signed: _____

Employee Information

Employee Name: _____

Mailing Address: _____

Email Address: _____

Telephone Number (Home): _____

Telephone Number (Work): _____

EMPLID: _____

Title: _____

Department: _____

Supervisor Name: _____

Supervisor Signature: _____

HR Rep. Name: _____

1. Reason for Paid Family Leave Request:

- Bond with child
- Care for family member
- Military qualifying event

2. The family member is employee's:

- Child
- Spouse
- Domestic Partner
- Parent
- Parent-in-law
- Grandparent
- Grandchild

3. Will PFL be for a continuous period of time and/or periodic?

Continuous

PFL Start Date: _____

PFL End Date: _____

Dates are estimated

Periodic

Identify dates periodic PFL will be taken:

Dates are estimated

4. If providing less than 30 days advance notice from estimated start date (3), please explain:

5. Does employee have more than one employer?

- Yes
- No

5a. If yes, is employee taking Paid Family Leave from the other employer?

- Yes
- No

6. Is the employee currently receiving any Workers' Compensation Lost Wage Benefits?

- Yes
- No