NEW YORK STATE | Paid Family Leave

EMPLOYEE OPT-OUT OF PAID FAMILY LEAVE BENEFITS

Information on the option to opt-out of paid family leave and directions for completing this form can be found on page 2.

Employer Information

1. EMPLOYER'S LEGAL NAME, INCLUDING (DBA/AKA/TA) Research Foundation of The City University of New York	
2. ADDRESS 230 West 41st Street	**4. EMPLOYER FEIN** 13-1988190
3. CITY, STATE and ZIP CODE New York, NY 10036	**5. TELEPHONE NUMBER** (212) 417-8300

Employee Information

6. EMPLOYEE NAME	
7. HOME ADDRESS	
8. CITY, STATE and ZIP CODE	**9. TELEPHONE NUMBER**

Employment Information

10. AVERAGE NUMBER OF HOURS WORKED PER WEEK (BASED ON LAST 8 WEEKS)	**12. IS THIS JOB TEMPORARY?** ☐ YES ☐ NO
11. AVERAGE NUMBER OF DAYS WORKED PER WEEK (BASED ON LAST 8 WEEKS)	**IF YES, HOW LONG IS THE JOB EXPECTED TO LAST?**

Employee Affirmation

1. I would like to waive paid family leave coverage at this time because (select one):

   ☐ I regularly work 20 hours or more per week, but will not work 26 consecutive weeks (6 months) for this employer.

   ☐ I regularly work less than 20 hours per week, but will not work 175 days in 52 consecutive weeks (a year) for this employer.

2. I understand that this waiver is revoked if my work schedule changes and it is anticipated I will work more than 20 hours per week for 6 months, or will work less than 20 hours per week but at least 175 days in a 52 consecutive week period (1 year).

3. I understand that this waiver is **OPTIONAL AND REVOCABLE**.
   (a) My employer may not force me to opt out of paid family leave benefits.
   (b) I may decide later to revoke this waiver even if my schedule does not change.

4. I also understand if this waiver is revoked (either by me or by a change in my work schedule), my employer may take retroactive deductions for the period of time I was covered by this waiver, and this period of time counts towards my eligibility for paid family leave.

Certification

I certify to the best of my knowledge the foregoing statements are complete and true.

Employer's Signature: _____ Date Signed: _____

Employee's Signature: _____ Date Signed: _____

Please note: Employer must keep a copy of the fully executed waiver on file for as long as the employee remains in employment with the covered employer.

If you need assistance, contact the Paid Family Leave Helpline at (844)-337-6303

www.ny.gov/PaidFamilyLeave

Opting Out of Paid Family Leave (12 NYCRR 380-2.6)

(a) An employee of a covered employer shall be provided the option to file a waiver of family leave benefits:
   (i) When his or her regular employment schedule is 20 hours or more per week but the employee will not work 26 consecutive weeks, or
   (ii) When his or her regular employment schedule is less than 20 hours per week and the employee will not work 175 days in a 52 consecutive week period.

(b) Within eight weeks of any change in the regular work schedule for an employee that requires the employee to continue working for 26 consecutive weeks or 175 days in a 52 consecutive week period, any waiver filed under this section shall be deemed revoked. An employee of a covered employer whose waiver has been revoked shall be obligated to begin making contributions to the cost of family leave benefits, including any retroactive amounts due from date of hire, pursuant to Section 209 of the Workers' Compensation Law, as soon as the employee is notified by the covered employer of such obligation.

(c) The covered employer shall keep a copy of the fully executed waiver on file to be produced at the request of the Chair, for as long as the employee remains in employment with the covered employer.

(d) An employee as described in Subsection (a) of this Section who elects not to enter into a waiver shall make regular family benefit contributions for the full duration of his or her employment with the covered employer, and the covered employer shall be obligated to provide family leave benefits for such employee when he or she is eligible pursuant to this Title.

Calculating Average Hours/Days Worked

To determine the average number of hours worked per week:
Add all hours worked for the past 8 weeks then divide the total by 8.

To determine the average number of days worked per week:
Add all days worked for the past 8 weeks then divide the total by 8.

Example:

Week Worked	Hours Worked	Days Worked
Week1	16	2
Week 2	24	3
Week 3	16	2
Week 4	16	2
Week 5	8	1
Week 6	24	3
Week 7	16	2
Week 8	8	1
Total	128	16
	Divide by 8	Divide by 8
Average Per Week	16	2