

LEAVE OF ABSENCE APPLICATION

Section I. Employee Information

Employee Name _____
Last Name First Name MI

Employee ID # _____ Campus _____ Project # _____

Section II: Leave Information

Leave Start Date _____ Return to Work Date _____
(Date you will be back at work)

Select all that apply:

Maternity/Paternity Leave

- STD - Short Term Disability (Maternity)
- FMLA - Bonding
- PFL - Paid Family Leave – Bonding
(see #3 note below)
- PFL - Paid Family Leave – Bonding (Intermittent)
(see #3 below)
- Child Care Leave
(For Full-time employees only)

Own Serious Health Condition

- STD - Short Term Disability
- FMLA - Serious Health Condition
- FMLA - Serious Health Condition (Intermittent)

Care for a Family Member

- FMLA - Serious Health Condition
- FMLA - Serious Health Condition (Intermittent)
- PFL - Care for a Family Member
(see #3 note below)
- PFL - Care for a Family Member (Intermittent)
(see #3 note below)

Notes

1. Paid Family Leave (PFL) and Short Term Disability cannot be taken concurrently. A mother may elect to use PFL and skip Short Term Disability, however she may not be able to use Short Term Disability after PFL ends.
2. As per RFCUNY's Time and Leave Policy, employees must first exhaust all of their leave accruals before going on leave without pay.
3. Under PFL, employees have a choice to use or not use their accruals to top up their pay to up to 100% of their wages. If you are applying for PFL, will you be using your accruals to top up your PFL payments? (Please check one) Yes No

Employee's Signature _____ Date _____

Required for General Leave Without Pay and Furlough Only: Supervisor's Signature/Authorization

Supervisor's Name (Please Print) _____

Supervisor's Signature _____ Date _____