



Paid Family Time Off Request Form

The purpose of this policy is to provide time off to bond with a new child. Available to all fulltime employees regularly scheduled to work at least 30 hours / week (excluding temps, interns, and seasonal employees).

Paid Leave Type:
___ *Maternity Leave (Child-Bearing Parent): 16 Weeks
___ Parental Leave (Non Child-Bearing Parent): 8 Weeks
___ Adoption (Primary Caregiver): 12 Weeks
___ Adoption (Secondary Caregiver): 3 Weeks
___ Foster Leave: 1 week

Paid Family Time Off is granted on the date of birth or adoption/fostering of the child. All leaves including Maternity, must be taken concurrently with FMLA. (And New York State Paid Family Leave (PFL) – NY EMPLOYEES ONLY).

*Maternity Paid Family Time Off will run concurrently with FMLA and Disability (Short Term Disability) approved by Matrix Insurance. SMP will not reduce your leave pay by the amount of the disability benefit approved by Reliance Standard/Matrix (up to \$170 / per week). However, employees must provide their local HR with the physical copies of any checks received from Reliance Standard/Matrix.

Proper documentation will be required when available to validate the Paid Family Time Off including a birth certificate, or, proof of adoption or fostering. Failure to provide proper documentation may result in disciplinary action and/or termination.

Estimated Start Date: _____ Actual Start Date: _____
End Date: _____ Return to Duties Date: _____
Documentation Received Date: _____ [] Proof of Birth [] Official Certificate
Additional Days Used: _____

I, _____, understand that if I am unable to provide proper documentation, I will be subject to disciplinary action and/or termination. In addition, I agree to apply for FMLA and/or PFL or Disability through Matrix (877) 202-0055 for the duration of the leave.

Employee Signature: _____ Date: _____
Manager Signature: _____ Date: _____
HR Signature: _____ Date: _____