

# Paid Family Leave (PFL) Employee Fact Sheet

PSB 440-16 – Paid Family Leave for Represented Employees

## Program Summary

- Paid Family Leave (PFL) is now available to eligible employees of the City of New York.
- An employee who experiences a qualifying event (see below) may be eligible for this insurer partially-paid leave time and the ability to return to the same or a comparable position.
- Leave may be taken consecutively or intermittently. Any leave must be taken in full day increments.

## Eligibility

- An employee must be in a represented title within a participating union.
- Full-time employees (20+ hours a week) are eligible after 26 consecutive weeks of employment, beginning with the employee's City start date.
- Part-time employees (<20 hours per week) are eligible after working 175 days, beginning with the employee's City start date. The 175 work days do not have to be consecutive.

## Opting Out

- Employees may be granted a waiver to opt out of the PFL benefit and to not have deductions taken from their paycheck **only if** they do not meet the minimum amount of time required for eligibility.
- To opt out, you may complete a PFL waiver ([https://www1.nyc.gov/assets/dcas/downloads/pdf/agencies/pfl\\_waiver\\_nyc.pdf](https://www1.nyc.gov/assets/dcas/downloads/pdf/agencies/pfl_waiver_nyc.pdf)) and submit it to your Human Resources (HR) representative.

## Qualifying Events

- To bond with a newborn, adopted, or foster care child during the first 12 months after birth\* or placement.
- To care for a seriously ill family member.\*\*
- To address important needs related to a family member's deployment in a foreign country on active military service.

**NOTE:** PFL benefits may not be used for an employee's own health condition.

\*Begins only after birth and is not available for prenatal conditions.

\*\*Family member: child, sibling, parent, parent-in-law, grandparent, grandchild, spouse, domestic partner (does not require legal registration), or other adult responsible for child in place of parent.

## COVID-19 Update

For Leave to Care for the employee themselves or the employee's minor child under quarantine or isolation order due to COVID-19:

- This benefit is only available when the City's COVID-19 leave, if any, is exhausted.
- This benefit is not available to you if you are able to work through remote access or other means.
- The health care provider must complete the Health Care of a Family Member with Serious Health Condition Form (PFL-4). This form is a required part of the PFL request and must be submitted within 30 days of the first date of the PFL.
- Attach all supporting documentation (e.g., copy of a quarantine or isolation order from the [NYC DOE](#) or [NYC DOHMH](#), COVID-19 positive test result, etc.).

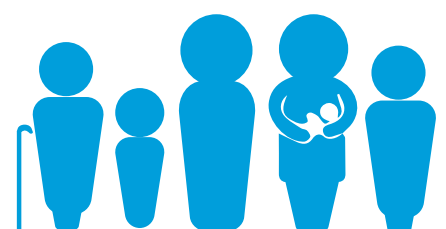
## Payment Rate & Schedule

### Benefit

2023: Payment of 67% of your salary, for a maximum weekly benefit of \$1,131.08.

### Cost

The deduction rate for 2023 is 0.455% of an employee's gross wages each pay period, with a maximum annual contribution of \$399.43.



## Impacts of Use on Leave Balances & Status

- Leave balances can, but do not have to be used.
- If leave balances are used, the days used will count towards PFL entitlement.

**Example:** if you use one week of leave balances towards your PFL-eligible leave, you will have one week deducted from your total entitlement.

- An employee may use up to three days of sick leave balances to care for an ill family member.
- Short-term disability leave cannot be used at the same time as PFL leave because PFL does not cover an employee's own illness.
- If the employee is eligible for leave under the Family and Medical Leave Act (FMLA), then FMLA will be used at the same time as PFL if the reason is covered by both policies.

## Employee Responsibilities

- Where the leave is foreseeable, an employee must give his/her agency at least 30 calendar days' notice before the leave begins. Otherwise, the employee must notify the agency as soon as possible.
- It is the employee's responsibility to notify their agency's HR if there are any changes to the agreed-upon schedule.
- The employee must request a PFL package from their agency's HR and complete the Request for Family Leave (Form PFL-1). The employee can get other appropriate PFL - (2-5) forms from the insurance company or the State of New York's PFL website. The specific documentation required varies based on the type of leave. There is a separate PFL-1 form for each type of leave. (see link below)

## Information to Consider

Employees who are on PFL will be placed on leave without pay (LWOP) status, only if the employee elects not to use their leave balances. Employees in LWOP status are not paid by the agency, and items such as employee contributions, deductions, garnishments, etc., will be discontinued during the period. Please also be aware of the following:

### **Pension contributions:**

Employee pension contributions to NYCERS will be discontinued while in LWOP status. Employees will not be able to buy back pension credits for any period of time designated as LWOP, with the exception of those employees in Pension Tier 1.

### **Direct deposit:**

Employees in LWOP status with an agency may experience interruptions to their direct deposit. Employees whose direct deposit accounts are affected must visit the New York City Automated Personnel System (NYCAPS) or contact their agency's HR to restore their direct deposit account when they return from PFL.

### **Leave accruals:**

Employees in LWOP status will not accrue sick leave or annual leave during the PFL period.

### **General tax information:**

Employees who receive a PFL benefit payment should keep in mind the following:

- PFL benefits paid to employees will be taxable non-wage income that must be included in federal gross income;
- Federal taxes will automatically be withheld from benefits, but not state taxes;
- Premiums for PFL will be deducted from employees' post-tax wages;
- At the end of the year, the insurance carrier will send tax forms to the employees that received PFL payments.

## Informational Links

**Link:** [https://www1.nyc.gov/assets/dcas/downloads/pdf/reports/440\\_16.pdf](https://www1.nyc.gov/assets/dcas/downloads/pdf/reports/440_16.pdf)

### **Insurance Company Contact Information:**

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