
Paid Parental Leave

Paid Parental Leave policy allows for up to eight consecutive weeks of paid leave following the birth or newly adoption of a child (up to 5 years of age) and will run concurrently with Family Medical Leave (FML) to the extent that FML is available to the employee. The individual must take Paid Parental Leave during the first 12 weeks following the birth or adoption of a child. Nothing in this policy precludes the eligible staff member from taking any remaining unpaid FMLA leave following the expiration of the paid parental leave, in accordance with CUNY FMLA policy.

Eligibility

- Have been employed full-time by the CUNY for at least one year; and
- Covered by PSC-CUNY collective bargaining agreements

Use of time

- Temporary disability leave (sick leave) should be exhausted prior to the use of Paid Parental Leave in excess of the maximum allowed for a birth mother. After the exhaustion, Paid Parental leave will go into effect. Under the FMLA policy, the maximum accrued temporary disability leave time that you can use is 6 weeks for regular birth (or 8 weeks if you have a cesarean section delivery).
- Paid Parental Leave should generally commence following the birth or adoption of a child, but in some instances, may occur prior to the event when deemed medically necessary or when requisite to fulfill the legal requirements for an adoption, provided all eligibility requirements are met.
- Paid Parental Leave will run concurrently with Family Medical Leave (FML), to the extent that an individual has an available amount of FML equivalent to the length of the Paid Parental Leave to be taken. If the amount of FML available is less than the amount of Paid Parental Leave to be taken, Paid Parental Leave will still be granted as specified in this policy, without regard to the existence of the individual's available FML. In this case, the return to work provision of the FML policy will apply.
- Paid Parental Leave shall be exhausted prior to the use of annual leave, unscheduled holiday or compensatory time when such leave is requested for the purpose of a birth or adoption event.
- Eligible couples in the bargaining unit who work in the same department at the same college, the parental leaves may not be taken concurrently (or concurrently with the birth mother's period of disability leave, if any): but must be taken consecutively. The couple would be eligible for two consecutive leaves limited to a combined total of 14 rather than 16 weeks. In no event may either parent take a leave of more than eight weeks. The couple may appeal to the President of the College for permission to take the leave concurrently. The decision of the President is final.
- One Paid Parental Leave benefit is available per employee, per birth or adoption event. The number of children involved does not increase the length of Paid Parental Leave granted for that event.
- Employees on Paid Parental leave are ineligible to receive holiday pay. A holiday occurring during the leave period shall be counted as one day of Paid Parental Leave and paid as such.

Instructions

1. Request paid parental leave in writing to your supervisor and the Director of Human Resources ninety (90) days in advance of the requested leave start date (or as early as possible in the planning phase of an adoption process). All requests should specify an approximate start date and an end date. The college reserves the right to require substantiation of the birth or adoption of the child that resulted in parental leave with pay***.
2. Complete and sign the FMLA Leave Request Form and attach the required certification and the paid parental leave form to the FMLA Leave request form.
3. Return ALL FMLA forms to the Benefits Officer before you go on leave.
4. The Timekeeper will get a time and leave report to determine whether leave accruals are available.
5. The Benefits Officer will review all paperwork to determine eligibility for Paid Parental leave and FMLA based on length of service, reason for leave, and prior use of Paid Parental Leave and FMLA.
6. HR will send a notice of approval or denial for Paid Parental Leave to the employee and their supervisor.

***** Documentation for Employees Requesting Paid Parental Leave and FMLA:**

- ❖ The birth of a child would require the employee or faculty member to provide medical certification form to include: the date of birth, or date from which the employee would be unable to work; the probable duration of the condition; the appropriate medical facts within the knowledge of the health care provider regarding the condition; and a statement that the employee is unable to perform the functions of their position.
- ❖ The placement of a child with any employee or faculty member for adoption or foster care would require the employee to provide certification of the event.

Coordination with Other Policies

Paid parental leave and Family and Medical Leave will run concurrently. If an employee elects to remain out of work for parental leave for a total of 12 weeks, both the paid 8 weeks of paid parental leave and any remaining weeks, paid or unpaid, will be counted towards their FMLA allotment. Previous FMLA qualifying absences could reduce the total number of FMLA protected weeks the employee has available to them.

Insurance Premiums and Retirement Contributions

Because the employee remains in full pay status during parental leave, the university will continue to pay the employer's portion of health insurance premiums for benefits coverage and the employee will remain responsible for the employee's portion. The employee will continue to earn service credit and will have retirement contributions paid by the university during the paid parental leave.

Interaction with Tenure

The tenure clock will automatically stop at the onset of the approved paid parental leave (as defined under this program). Faculty may opt out by notifying the College (his/her department chair or unit head and the Director of Human Resources), in writing, within 90 calendar days following the birth or adoption that they wish for the tenure clock to continue during the approved paid parental leave. No election may be made following the expiration of the 90-day period, and once an election is made, it is irrevocable.

Rights of Reinstatement and Restoration upon Return from Paid Parental leave

These rights exist only when employee returns immediately from Paid Parental leave. They are not guaranteed under any other circumstances.

- Upon return from paid parental leave, an employee will be reinstated to the same or to an equivalent position as that which the employee held when leave commenced.
- Upon return from paid parental leave, whether the employee is being restored to the same or to an equivalent position, the employee will be restored with the same benefits on the same terms as prior to taking the leave, unless changes have occurred for all employees during the time the employee was on Paid Parental and FMLA leave.

Forms

Request for FMLA

Medical Certification form

Paid parental Leave form

Contacts

Keisha Pottinger, Human Resources Manager/Benefits Officer

718-518-6652, kpottinger@hostos.cuny.edu

Bridget Sheridan, Timekeeper

718-518-6819, bsheridan@hostos.cuny.edu

Attachments

Paid Parental Leave Questions and Answers for Employees

Family and Medical Leave Request form

CUNY FMLA Certification of Health Care Provider form

Paid Parental Leave form

Retroactive Paid Parental Leave form

Paid Parental Leave Questions and Answers

Q. Who do I contact if I have questions about taking time off for paid parental leave?

Keisha Pottinger- Human Resources Manager/Benefits Officer- ext. 6652

Bridget Sheridan- Timekeeper- ext. 6819

Q. What if I want to take off more than eight weeks?

If you would like to take more than eight weeks off following the birth or adoption of a child, then you would need to continue leave under the family leave policy or sick leave policy. To be compensated beyond the 8 weeks, you would need to use your accrued temporary disability leave (sick leave). For the birth mother you have to exhaust the maximum allowed accrued temporary disability leave (sick leave) before paid parental leave goes into effective.

Q. What is the maximum allowed accrued temporary disability leave for pregnancy?

Under the FMLA policy, the maximum accrued temporary disability leave time that you have to use is 6 weeks for regular birth (or 8 weeks if you have a cesarean section delivery).

Q. How does FMLA work with paid parental leave?

FMLA works in conjunction with paid parental leave. They would both start on the date of birth or adoption of the child.

Q. Will I continue to accrue annual and/or temporary disability leave (sick leave) while out on paid parental leave?

Yes. While you are on paid parental leave, you will remain in an active paid status which allows for the continuation of vacation and/or sick leave accruals when applicable.

Q. I am a teaching faculty, what happens if I begin the paid parental leave in the middle of a semester?

Eligible faculty will be granted up to 8 contiguous weeks of paid leave or one. Scheduling may be dependent upon the expected time of the event (birth or adoption).

If the event occurs in the **summer months**, you would be granted paid parental leave under this policy for the following fall semester after the expiration of temporary disability leave.

If the event occurs in the **middle of the fall semester**, you have the option of a reduction in teaching load of one course in the immediately following spring semester, in lieu of taking the balance of the leave. If the event occurs in the **middle of the spring**, you may choose to use accrued sick leave to finish out the semester and then use the balance of the paid parental leave in following semester.

Eligible faculty should work very closely with their Chair or Dean for appropriate scheduling that will ensure minimal disruption to the classroom.

Q. Are my benefits paid during parental leave?

Yes. Your benefits will continue to be deducted from your bi-weekly pay while you are on parental leave. If you choose to extend your leave under the Family Leave Policy, the College would continue to pay for its portion of the benefit premiums for an additional four weeks and you would be responsible for paying your portion of the premium. If you remain on leave beyond 12 weeks under an extended leave and are not using accrued leave to keep you in a paid status, then you would be responsible for both the employee and employer portions of the benefit premiums.

Q. What if I choose not to return to work after taking parental leave?

Per the paid parental leave policy, an employee must return to work for at least 30 days after taking parental leave (or authorized family or extended leave in conjunction with parental leave). If they decide not to return to work or do not fulfill the 30-day requirement, then the employee will be responsible for reimbursing the College for the wages/salary paid under the paid parental leave policy. Exceptions to this policy include failure to return due to the continuation, recurrence or onset of a serious health condition of the employee or the child which would otherwise entitle you to leave under the Family and Medical Leave policy; or other circumstances beyond your control.

Family and Medical Leave Request Form

THE CITY UNIVERSITY OF NEW YORK

Hostos Community College

Eligible employees are entitled to up to 12 weeks of unpaid job-protected leave for certain family and medical reasons. If you wish to request family and medical leave under the CUNY FMLA Policy, submit this completed request form to your Human Resources Director/Personnel Officer as early as practicable, preferably no fewer than 30 days in advance of the start of your leave. **If requesting intermittent or reduced schedule leave, you must attempt to work out a schedule with your supervisor which meets your needs without unduly disrupting your department's operations.** CUNY reserves the right to deny or postpone leave for failure to give appropriate notice.

(Please Type or Print)

1. _____
LAST NAME FIRST NAME MIDDLE INITIAL

JOB TITLE DEPARTMENT

2. REASON FOR REQUESTING LEAVE --please check the appropriate box.

- A. My own serious health condition (Certification of Health Care Provider required.)
- B. Birth of my child; to care for my new born child – Date of birth: _____
(Appropriate documentation required)
- C. Placement of child with me for adoption or foster care.
Date of placement: _____ (Appropriate documentation required)
- D. To care for my family member (including spouse, domestic partner, child or parent) with a serious health condition.
(Certification of Health Care Provider and proof of relationship required.)
- E. To care for a seriously injured or ill service member
- F. Family member called to active duty in the military.

Name/Relationship: _____ Please identify documentation on file _____

3. I request CONTINUOUS FMLA LEAVE starting (date): _____ and ending (date): _____.

4. I request INTERMITTENT FMLA LEAVE starting (date): _____. My anticipated schedule of absence is as follows
(attach an additional sheet if needed):

5. I request FMLA LEAVE in the form of a REDUCED WORK SCHEDULE from _____ hours/week to
_____ hours/week starting (date): _____ and ending (date): _____.

6. Intermittent or reduced work schedule leave is medically necessary because: (attach an additional sheet if needed):

EMPLOYEE STATEMENT OF UNDERSTANDING

I am aware of and understand the following:

- I must return a completed medical certification form to the Human Resources Director/Personnel Officer within 15 days of submitting this request, or as soon as practicable. Failure to do so may result in my leave being delayed until I provide this documentation;
- Before I return to work following a leave for my own serious illness, I may be required to present a fitness for duty certification to the Human Resources Director/Personnel Officer;
- My health benefits will continue during my leave and I am expected to continue to pay my share of health insurance premiums, if any;
- If, under current University leave policies, I am eligible to lengthen this leave or request other leave benefits, I will submit the appropriate documents to the Human Resources Director/Personnel Officer prior to the conclusion of my family and medical leave; and,
- If I fail to return to work upon the conclusion of this leave, I may be subject to disciplinary proceedings or other action in accordance with CUNY policies, rules and regulations, and applicable collective bargaining agreements.

Signature of Employee Date: _____

Received by: _____ Date: _____
Human Resources Director/Human Resources Officer

PART A: MEDICAL FACTS

1. Approximate date condition commenced _____

Probable duration of condition: _____

Mark below as applicable:

Was the patient admitted for an overnight stay in a hospital, hospice, or residential medical care facility?
___ No ___ Yes. If so, dates of admission:

Date(s) you treated the patient for condition:

Will the patient need to have treatment visits at least twice per year due to the condition? ___ No ___ Yes.

Was medication, other than over-the-counter medication, prescribed? ___ No ___ Yes

Was the patient referred to other health care provider(s) for evaluation or treatment (e.g., physical therapist)?

___ No ___ Yes. If so, state the nature of such treatments and expected duration of treatment:

2. Is the medical condition pregnancy? ___ No ___ Yes. If so, expected delivery date: _____

3. Use the information provided by the employer in Section I to answer this question. If the employer fails to provide a list of the employee's essential functions or a job description, answer these questions based upon the employee's own description of his/her job functions.

Is the employee unable to perform any of his/her job functions due to the condition: ___ No ___ Yes.

If so, identify the job functions the employee is unable to perform:

4. Describe other relevant medical facts, if any, related to the condition for which the employee seeks leave (such medical facts may include symptoms, diagnosis, or any regimen of continuing treatment, such as the use of specialized equipment):

PART B: AMOUNT OF LEAVE NEEDED

5. Will the employee be incapacitated for a single continuous period of time due to his/her medical condition, including any time for treatment and recovery? ___No ___Yes.

If so, estimate the beginning and ending dates for the period of incapacity: _____

6. Will the employee need to attend follow-up treatment appointments or work part-time or on a reduced schedule because of the employee's medical condition? ___No ___Yes.

If so, are the treatments or the reduced number of hours of work medically necessary?
___No ___Yes

Estimate treatment schedule, if any, including the dates of any scheduled appointments and the time required for each appointment, including any recovery period:

Estimate the part-time or reduced work schedule the employee needs, if any:

_____ hour(s) per day; _____ days per week from _____ through _____

7. Will the condition cause episodic flare-ups periodically preventing the employee from performing his/her job functions? ___No ___Yes

Is it medically necessary for the employee to be absent from work during the flare-ups?
___No ___Yes. If so, explain:

Based upon the patient's medical history and your knowledge of the medical condition, estimate the frequency of flare-ups and the duration of related incapacity that the patient may have over the next 6 months (e.g., 1 episode every 3 months lasting 1-2 days):

Frequency: _____ times per _____ week(s) _____ month(s)

Duration: _____ hours or _____ day(s) per episode

ADDITIONAL INFORMATION: IDENTIFY QUESTION NUMBER WITH YOUR ADDITIONAL ANSWER.

Signature: _____ Date: _____

Last Name: _____ First Name: _____

Title/Rank: _____

Department: _____

Phone Number: _____ Email Address: _____

Dates of Anticipated Parental Leave: From: _____ To: _____

Prefix(s) for course(s) scheduled to teach during anticipated leave (if applicable): _____

I have read and understand the Paid Parental Leave for Program Guidelines that include, but are not limited to, the following terms:

Failure to comply with the terms set forward in this signed agreement shall result in the requirement of repayment of salary received during the paid parental leave.

By participating in this benefit program, my tenure clock is to be suspended.

Check Here and submit a written statement if you wish to opt out of this default clock suspension.

My signature below indicates my express agreement and understanding of the terms of the Policy.

Employee Signature: _____

Date: _____

Chair/Supervisor: _____

Chair/Supervisor Signature: _____ Date: _____

Director of Human Resources/ Human Resources Officer _____

Date _____

RETROACTIVE PAID PARENTAL LEAVE FORM
(Submit by mail to Deborah Bell at PSC/CUNY 61 Broadway – 15th fl., NY, NY 10006)
(PSC will acknowledge receipt by email)

- I. Paragraph 13 of the March 20, 2009 Letter of Agreement between Professional Staff Congress and The City University of New York provides:

Eligible employees who became parents of a newborn or newly adopted child up to 5 years of age between July 17, 2008, and March 20, 2009, will, upon application to the PSC by **May 20, 2009**, have their circumstances reviewed on an individual basis to determine what benefits, if any, were provided. Employees who were not able to avail themselves of the Paid Parental Leave benefit during the retroactive period above and were not provided an equitable benefit will be granted a benefit that may include one or a combination of the following: up to eight (8) weeks of Paid Parental Leave, restoration of annual leave used, up to eight (8) weeks of pay, release from teaching for one course per semester for up to two semesters. After reviewing the application from the employee, the PSC President, Vice Chancellor for Labor Relations, and the College President will endeavor to reach consensus regarding the retroactive benefit by July 20, 2009. In the event consensus is not achievable, the Vice Chancellor for Labor Relations will make the final decision by July 31, 2009.

- II. Full-time employees who, between July 17, 2008 and March 20, 2009, became parents of a newborn or newly adopted child (adopted at up to five years of age) and who had at least one year of service at that time, must submit their requests to the PSC by May 20, 2009 for consideration of a retroactive paid parental leave benefit.

1. Name _____
2. Title _____ Date of full-time hire: _____
3. College: _____ Dept: _____
4. Home Address: _____
5. Phone (H): _____ Cell or office: _____
6. Email: _____

- III. A. Date of child's birth or of the child's formal placement in the home for adoption:

B. Leave used for birth or adoption (Include dates and amount of time used for all that apply):

1. Paid Sick Leave (temporary disability leave): From: _____ To: _____ # of days: _____
2. Paid Parental Leave: From: _____ To: _____ # of days: _____
3. Unpaid Child Care Leave: From: _____ To: _____ # of days: _____
4. Family Medical Leave: From: _____ To: _____ # of days: _____
5. "Special Purposes" Leave (Article 13.5) From: _____ To: _____ # of days: _____
6. For HEOs & CLTs, Annual Leave: From: _____ To: _____ # of days: _____
7. Were any other scheduling accommodations made? If so, explain: _____
8. For faculty: Did you receive a teaching schedule adjustment during the semester in which you became the parent of a newborn or newly adopted child? If yes, how many courses were you released from? _____

- IV. If you were not able to avail yourself of the Paid Parental Leave benefit, please review paragraph 13 above and give us an idea below which benefit or combination of benefits listed above would be most appropriate for you.

Signature of Applicant _____ Date: _____