THE NEW YORK CITY DEPARTMENT OF EDUCATION

DIVISION OF HUMAN RESOURCES - HR CONNECT
OFFICE OF MEDICAL, LEAVES AND RECORDS ADMINISTRATION
65 Court Street, Brooklyn, NY 11201

Paid Parental Leave Application (only)

*This form is to be used for the Paid Parental (30 day leave). Any additional leave requests must be made on the appropriate form.

TO BE COMPLETED AND SIGNED BY EMPLOYEE:

Employee's First Name _____ EMPL ID # _____

Employee's Last Name _____ Borough _____ District _____ Location _____

Home Address _____ Title _____

City _____ State _____ Zip _____ Work Location _____

Home Telephone _____ Work Address _____

Work Telephone _____

Work Email _____ City _____ State _____ Zip _____

Choose one: ☐ Permanent Employee ☐ Provisional Employee ☐ Pedagogical Manager ☐ OJ

I am requesting leave for: (check one) ☐ Birth of a child ☐ Placement of child for adoption ☐ Placement of child for foster care

Date of placement or birth: _____

A copy of the birth certificate; physician's or other health care provider's letter; attorney's letter; letter from an adoption agency or the appropriate State agency; or other appropriate documentation attesting to the fact and date of birth or placement of the child must be attached.

I hereby request a Paid Parental Leave: from _____ to _____ (inclusive) ☐ Check here if the days requested will be intermittent. Please work with your Supervisor and Timekeeper to review your schedule.

I understand that, in participating and receiving payment through Paid Parental Leave (partially or in whole), I agree to return to work for a period of at least (6) months immediately following the end of the period of Paid Parental Leave or any period of approved paid or unpaid child care or other leave that continues after the Paid Parental leave. I agree to reimburse, in full, the City salary I receive through Paid Parental Leave if I fail to return to work for the specified time period and understand that any payments made for Paid Parental Leave to an employee who does not return to work must be returned to and is recoverable by the City.

I understand and agree that, where the qualifying event is the placement of a child for adoption or foster care, should the adoption or foster care placement cease during the Paid Parental Leave period, I will immediately notify my supervisor and timekeeper and either return to work or apply to use other leave as appropriate.

I also understand and agree that, where the Paid Parental Leave is interrupted or ceased as a result of the child/children no longer being under my care, I must immediately notify my supervisor and end the Paid Parental Leave.

In addition, I understand that this leave is a FMLA qualifying event. If eligible, these absences will be charged against my FMLA entitlement from the first day of absence up to and including 12 weeks or 60 work days within a 12 month period from the date of my request.

I agree and understand the timekeeping usage as indicated below.

Signature of Employee _____ Date _____

TO BE COMPLETED BY PAYROLL SECRETARY / TIMEKEEPER:

Date of Commencement of employee's continuous absence _____ Date employee returns to service _____

☐ Check here if the days requested will be intermittent. Note: If checking intermittent, the below timekeeping usage fields are not applicable.

Indicate the timekeeping usage below:

Sick Time	from	to	Vested Sick Time	from	to
Annual Time	from	to	Vested Annual Time	from	to
Paid Parental Leave	from	to	Other	from	to
Donation	from	to	Other	from	to

I hereby certify that the above is accurate.

Signature of Timekeeper _____ Date _____

Timekeeper Name _____ Work Telephone _____

TO BE COMPLETED BY PRINCIPAL / SUPERVISOR:

I hereby acknowledge this leave request:

Signature of Principal / Supervisor _____ Date _____

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PAID PARENTAL LEAVE APPLICATION

INSTRUCTIONS:

Employee:
Upon consultation with your timekeeper, please read, complete, and sign the reverse of this form. Please note that you are also responsible for obtaining all other appropriate signatures.

Return this form along with all supporting documentation to your Payroll Secretary/Timekeeper for processing.

Payroll Secretary/Timekeeper:
Please submit the completed form and all supporting documentation via fax to the Medical, Leaves and Records Administration at (718) 935-4350.

The Medical, Leaves and Records Administration reserves the right to finalize all requests and will communicate a final determination to the Employee, Payroll Secretary/Timekeeper and Principal/Supervisor.

All questions should be referred to HR Connect at (718) 935-4000.