

Dear Federal Work Study Students:

New York State's Paid Family Leave Law (PFL) provides family leave benefits to eligible employees through a small employee payroll deduction.

Benefit Overview

Eligible employees can take a job-protected paid family leave:

- To bond with a child during the first 12 months following the birth, adoption or fostering of a child;
- To care for a family member with a serious health condition; or
- For qualifying exigencies arising out of a family member's covered active duty in the military.

The PFL benefit provides partial wage replacement, paid through Cigna, the University's disability insurance provider. New York State specified that the Paid Family Leave program will be funded through a new employee payroll deduction, which is calculated as 0.126% of an employee's weekly wages, up to a maximum total annual deduction of \$85.56 in 2018. Deductions began January 1, 2018.

Eligibility Information

To be eligible for PFL, you must be working in New York State and either:

- Regularly work 20 hours or more per week, after 26 consecutive weeks (6 months); or
- Regularly work less than 20 hours per week, after 175 days worked.

You are receiving this email because you may be eligible to waive the PFL benefit and payroll deduction. If your regular schedule is less than 26 consecutive weeks (six months) or 175 days in a 52 consecutive week period, you may waive the PFL payroll deduction by completing the PFL waiver.

What You Need to Know

If you waive the PFL payroll deduction, and a change in your regular schedule requires you to continue working either: a) 20 hours or more per week for 26 or more consecutive weeks (six months), or (b) less than 20 hours per week and at least 175 days in a 52 consecutive week period, **the PFL-Waiver Form will be revoked and the appropriate payroll deductions will be made from your wages.** In addition, Columbia University will deduct all retroactive amounts due once you are notified.

Please carefully consider your work schedule and only submit a waiver if your regular work schedule will not reach the eligibility requirements.

What You Need to Do

If you are not waiving PFL benefits, then you do not have to do anything. The payroll deduction began January 1, 2018 and you will be eligible to request PFL if you have a qualifying event and have satisfied the requirement of either working 26 consecutive weeks or 175 days (depending on the number of hours worked per week).

The waiver must be submitted along with your Tax forms to the Federal Work Study Office located at 210 Kent Hall.

If you have any other questions, please contact the CUHR Leave Management Office at leavemanagement@columbia.edu.

Thank you,

The Federal Work Study Office



EMPLOYEE OPT-OUT OF PAID FAMILY LEAVE BENEFITS

Information on the option to opt-out of paid family leave and directions for completing this form can be found on page 2.

Employer Information	
1. EMPLOYER'S LEGAL NAME, INCLUDING (DBA/AKA/TA) Columbia University in the City of New York	
2. ADDRESS Federal Work - Study Payroll	4. EMPLOYER FEIN
3. CITY, STATE and ZIP CODE 207 Philosophy Hall, Mail Code 9207 New York, N.Y. 10027	5. TELEPHONE NUMBER

Employee Information	
6. EMPLOYEE NAME	
7. HOME ADDRESS	
8. CITY, STATE and ZIP CODE	9. TELEPHONE NUMBER

Employment Information	
10. AVERAGE NUMBER OF HOURS WORKED PER WEEK (BASED ON LAST 8 WEEKS)	12. IS THIS JOB TEMPORARY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, HOW LONG IS THE JOB EXPECTED TO LAST?
11. AVERAGE NUMBER OF DAYS WORKED PER WEEK (BASED ON LAST 8 WEEKS)	

Employee Affirmation	
1. I would like to waive paid family leave coverage at this time because (select one):	
<input type="checkbox"/> I regularly work 20 hours or more per week, but will not work 26 consecutive weeks (6 months) for this employer. <input type="checkbox"/> I regularly work less than 20 hours per week, but will not work 175 days in 52 consecutive weeks (a year) for this employer.	
2. I understand that this waiver is revoked if my work schedule changes and it is anticipated I will work more than 20 hours per week for 6 months, or will work less than 20 hours per week but at least 175 days in a 52 consecutive week period (1 year).	
3. I understand that this waiver is OPTIONAL AND REVOCABLE .	
(a) My employer may not force me to opt out of paid family leave benefits.	
(b) I may decide later to revoke this waiver even if my schedule does not change.	
4. I also understand if this waiver is revoked (either by me or by a change in my work schedule), my employer may take retroactive deductions for the period of time I was covered by this waiver, and this period of time counts towards my eligibility for paid family leave.	

Certification	
I certify to the best of my knowledge the foregoing statements are complete and true.	
Employer's Signature: _____	Date Signed: _____
Employee's Signature: _____	Date Signed: _____

Please note: Employer must keep a copy of the fully executed waiver on file for as long as the employee remains in employment with the covered employer.

Opting Out of Paid Family Leave (12 NYCRR 380-2.6)

- (a) An employee of a covered employer shall be provided the option to file a waiver of family leave benefits:
 - (i) When his or her regular employment schedule is 20 hours or more per week but the employee will not work 26 consecutive weeks, or
 - (ii) When his or her regular employment schedule is less than 20 hours per week and the employee will not work 175 days in a 52 consecutive week period.
- (b) Within eight weeks of any change in the regular work schedule for an employee that requires the employee to continue working for 26 consecutive weeks or 175 days in a 52 consecutive week period, any waiver filed under this section shall be deemed revoked. An employee of a covered employer whose waiver has been revoked shall be obligated to begin making contributions to the cost of family leave benefits, including any retroactive amounts due from date of hire, pursuant to Section 209 of the Workers' Compensation Law, as soon as the employee is notified by the covered employer of such obligation.
- (c) The covered employer shall keep a copy of the fully executed waiver on file to be produced at the request of the Chair, for as long as the employee remains in employment with the covered employer.
- (d) An employee as described in Subsection (a) of this Section who elects not to enter into a waiver shall make regular family benefit contributions for the full duration of his or her employment with the covered employer, and the covered employer shall be obligated to provide family leave benefits for such employee when he or she is eligible pursuant to this Title.

Calculating Average Hours/Days Worked

To determine the average number of hours worked per week:
Add all hours worked for the past 8 weeks then divide the total by 8.

To determine the average number of days worked per week:
Add all days worked for the past 8 weeks then divide the total by 8.

Example:

Week Worked	Hours Worked	Days Worked
Week 1	16	2
Week 2	24	3
Week 3	16	2
Week 4	16	2
Week 5	8	1
Week 6	24	3
Week 7	16	2
Week 8	8	1
Total	128	16
	Divide by 8	Divide by 8
Average Per Week	16	2