**Paid Family Leave Notice**

In accordance with New York State law, eligible employees are entitled to take time off to:

* bond with a new child (including adopted and foster children) (for up to one year);
* care for a seriously ill child, parent, parent-in-law, spouse, domestic partner, grandchild, or grandparent; and/or
* address certain military family needs.

Eligible employees include those whose regular weekly work schedule is 20 hours or more, after being employed for 26 consecutive weeks. For those working less than 20 hours per week, they become eligible after 175 days of such work.

The Company deducts the legally-required amount from each employee’s paycheck to pay for the cost of this benefit. The maximum employee contribution in 2018 is 0.126% of an employee’s weekly wage but is subject to change as determined by New York State in the future. Please note that we will begin deducting this contribution from your paycheck beginning on \_\_\_\_\_\_\_\_\_\_\_\_.

Eligible employees will be permitted to take the following time off in accordance with the law:

* Beginning January 1, 2018, up to 8 weeks of leave;
* Beginning January 1, 2019, up to 10 weeks of leave; and
* Beginning January 1, 2021 and thereafter, up to 12 weeks of leave

The benefit will provide eligible employees with 50% wage replacement in the first year, 55% in the second, 60% in the third and 67% thereafter.

Employees will be entitled to be returned to their same or equivalent position upon return from paid family leave and will not forfeit any accrued benefits. Likewise, employees will not accrue additional benefits while on paid family leave.

The procedure for applying for paid family leave is very similar to short-term disability applications. In other words, you must complete the first part of a standard form application (available at/in \_\_\_\_\_\_). Once you have completed your portion, the Company will complete its portion and return it to you. You then must submit the paperwork to the paid family leave insurance carrier \_\_\_\_\_\_\_\_\_\_\_\_\_.

If you have any questions about how this benefit operates (e.g., your eligibility, the amount of time used, the possibility of a waiver, etc.), please see \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.