## **NEW YORK PAID FAMILY LEAVE**







**CARE** for a family member

**ASSIST** military families



## **PFL Benefits**

## **67% Wage Benefits**

Receive 67% of your average weekly wage, up to a cap.



## **Up to 12 Weeks of Leave**

Can be taken all at once, or in full-day increments.





- Return to same or comparable job.
- ✓ Continued health insurance.
- ✓ No discrimination or retaliation.



## Who Can Request PFL?

## **Generally, Employees Who:**

- ✓ Work for a private employer in New York State, or a public employer who has opted in.
- ✓ Meet the time-worked requirements:
  - Full-time (regularly work 20 or more hours/week), after 26 consecutive weeks of employment.
  - Part-time (regularly work fewer than 20 hours/week), after 175 working days.



## **How to Request PFL**

Give 30 days' notice to your employer, if foreseeable.

Complete request forms and submit to your employer's insurance carrier.



Carrier pays or denies benefits within 18 days of your first day of leave or receipt of your completed request, whichever is later.



## Resources

## PaidFamilyLeave.ny.gov

Visit the website for more information and to download PFL request forms.



#### 844-337-6303

Call the toll-free PFL Helpline 8:30 a.m. to 4:30 p.m. Monday — Friday

STRONG FAMILIES, STRONG NEW YORK



# Employee Notice of Paid Family Leave Payroll Deduction for 2025



Employee Name
Employer Name
New York's Paid Family Leave provides employees with job-protected, paid time off to <b>bond</b> with a newly born, adopted, or fostered child; <b>care</b> for a family member with a serious health condition; or <b>assist</b> loved ones when a family member is deployed abroad on active military service.
Employees pay for these benefits through a small payroll deduction, which is a percentage of their wages up to a cap set annually. The 2025 payroll contribution is 0.388% of an employee's wages each pay period and is capped at an annual maximum of \$354.53. Employees earning less than the New York State Average Weekly Wage (\$1,757.19 per week), will have an annual contribution amount less than the cap of \$354.53, consistent with their actual wages.
Based on your average pay period earnings of \$,
your estimated pay period deduction will be: \$
Note: This deduction may fluctuate pay period to pay period, depending on your hours worked.

For more information, visit PaidFamilyLeave.ny.gov or call the Paid Family Leave Helpline for assistance at (844) 337-6303.