

# RETROACTIVE PAID PARENTAL LEAVE FORM

(Submit by mail to Deborah Bell at PSC/CUNY 61 Broadway – 15<sup>th</sup> 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.

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(use the other side if needed)

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_