

PAID FAMILY LEAVE EMPLOYER CHECKLIST

As an employer with NYSIF Disability Benefits/PFL coverage, you must have:

	A NYSIF PFL Notice of Compliance posted conspicuously in your workplace.
	A process to collect PFL employee withholdings.
	Updated written materials, such as an employee handbook, with PFL information.
	Provided your employees with <u>PFL-271S - Statement of Rights for Paid Family Leave.</u>
	Offered ineligible employees the chance to waive coverage, and kept any executed waivers on file. (Do not submit the waiver to NYSIF.)
	A procedure for managing and completing the employer section of PFL claim forms.
	A plan to cover employee duties while on leave, and reinstate workers after leave.
Whe	n you receive a claim:
	Review the appropriate NYSIF Claimant Checklist with your employee.
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_	Complete Part B, the employer section, of the NYSIF PFL-1 <u>and</u> the specific NYSIF PFL claim form(s) for the type of leave your employee is requesting, and return to the claimant within three days. Be sure to answer Part B, Question 9, on the leave-specific NYSIF PFL claim form regarding reimbursement of wages. If answering "Yes," you must provide the dates that full wages are being/were paid. Failure to select "Yes" for requesting reimbursement from NYSIF will result in a waiver of the right to