



**UFT – COVERED GROUPS
APPLICATION FOR PARENTAL LEAVE (PL)
52 BROADWAY NEW YORK, NEW YORK 10004**



**UFT – COVERED GROUPS
52 BROADWAY NEW YORK, NEW YORK 10004
PARENTAL LEAVE (PL) EMPLOYER CERTIFICATION**

APPLICANT INFORMATION

EMPLOYEE NAME:	SS#:	DEPARTMENT:
TITLE:	HIRE DATE:	

BIRTH INFORMATION

DOB:	REG / C-SECT:	BIRTH PARENT:
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LEAVE INFORMATION

PTO START DATE:	PTO END DATE:	# PTO DAYS USED:
Has the employee been on payroll for the last 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No		
PL LEAVE START DATE:	PL LEAVE END DATE:	# DAYS ON PL LEAVE:
LAST DAY ON PAYROLL:	PAYROLL RETURN DATE:	

SALARY INFORMATION

PAYROLL CYCLE: <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Other		
TAXABLE MARITAL STATUS: <input type="checkbox"/> S <input type="checkbox"/> M	FEDERAL TAX EXEMPTION #:	STATE TAX EXEMPTION #:
SUBJECT TO NYC TAX? <input type="checkbox"/> Yes <input type="checkbox"/> No	SUBJECT TO YONKERS TAX? <input type="checkbox"/> Yes <input type="checkbox"/> No	UNION DUES DEDUCTION \$:
ANNUAL SALARY \$:	LAST GROSS PAYMENT \$:	DAILY RATE \$:
SUMMER PAY LOST DUE TO PL\$:	# SUMMER DAYS LOST DUE TO PL:	UNION DUES DEDUCTION \$:

Authorized Employer Signature:

Date: