

## Request For New York State Paid Family Leave Contributions Waiver

By completing and signing this form, I am requesting a waiver from New York State Paid Family Leave contributions being collected by my employer prior to January 1, 2018, due to the following (please check **one** of the statements below):

- Based on my current regular employment schedule, *I work 20 hours or more per week and will not work 26 consecutive weeks; or*
- Based on my current regular employment schedule, *I work less than 20 hours per week and will not work at least 175 days in a 52-consecutive week period.*

### **Employee Acknowledgement**

I acknowledge that, if my regular employment schedule requires me to continue working, (1) 20 hours or more for 26 or more consecutive weeks, or (2) less than 20 hours per week and at least 175 days in a 52-consecutive week period, this waiver will be revoked, the appropriate Paid Family Leave contribution deductions will be made from my wages, and my employer may deduct all retroactive amounts due as soon as I am notified.

I further acknowledge that this form/waiver from New York State Paid Family Leave contributions will expire on or before December 31, 2017, at which time a new waiver will need to be requested, if appropriate.

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Employee Name (Please Print)

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Employee Signature

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Date