Effective January 1, 2022, the state of Connecticut Paid Family and Medical leave (PFML) took effect and provides eligible individuals who take a qualified leave with a state benefit.

The state program offers up to $1016.40 per week, based on an individual's earnings, for up to 12 weeks per year. In order to receive the state benefit, faculty will be required to:

- Apply for leave of absence under the *Medical School Child Rearing Leave* completing the form on page 2
- Separately file (*submit a claim through ctpaidleave.org*) for paid leave benefits through the State of Connecticut

Yale will coordinate with the State of Connecticut to provide any supporting documentation requested. Please submit all employer state requests directly to your departmental Faculty Affairs Coordinator (or designee).

Salary continuation during leave of absence
The State program and YSM's child rearing leave will run concurrently. Eligible faculty will receive compensation from CT PFML at the same time as receiving benefits from Yale. The total amount of combined compensation cannot exceed 100% of their regular rate.

"Primary" wages are considered the state payment – up to the cap of $1016.40/week. Yale wages are "secondary" and will only pay the remainder of dollars to bring the faculty to 100% of earnings.

Ladder Faculty Extension of Appointment
An extension of term will be granted to any ladder faculty member who takes a Child Rearing Leave. Faculty are not obligated to take the extension and may follow their original clock. An *extension of appointment request form* must be submitted to *OAPD* and will automatically be approved.

Completing the Child Rearing Form – page 2

Section A – this section is to be completed by the faculty member. Upon completion of this section, please submit the form to your departmental faculty affairs coordinator (or designee) to complete Section B.

Paid Child Rearing Leave
Enter the expected start and end dates of your leave in the Paid Child Rearing Leave section. If extending your leave with vacation time, please include information in the designated area.

Extension of Paid Child Rearing Leave
The paid child rearing leave also provides an option for an additional eight weeks' part-time status with pay commensurate with percent work effort. If you plan to return to work on a part-time basis, enter the percent work effort and the expected start and end dates. (Please be aware that a change from 100% FTE may impact eligibility for the Child Tuition Scholarship Program.

Unpaid Child Rearing Leave
Faculty members may also elect to take an unpaid child rearing leave, up to a maximum of 6 months of leave (inclusive of any paid leave time).

Section B – please obtain necessary departmental signatures by submitting the form to your department faculty affairs coordinator (or designee), who will forward to YSM Academic Appointee Administration.

Section C – for internal use only

Yale and Connecticut Paid Family Medical Leave Coordination – page 3

During the first month of a leave of absence, faculty can elect to be kept whole by Yale to account for possible delays in coordinating with the state of CT. Faculty must consent to repay Yale by completing the consent form on page 3. In month two+ of the leave, wages will be recouped to adjust for wages paid during month one. If you would like to opt in for this program, please complete the form, otherwise it will be assumed you are not participating.

Yale University School of Medicine
Child Rearing Leave—Request Form

A. Request for Child Rearing Leave

Name

Date of Request

Department

Section

☐ *Please confirm, you will apply to the State of Connecticut for Paid Family and Medical Leave (if you have already applied, please select "Y")?*

☐ Yale's Work-Life Program offers faculty who adopt or give birth a *new parent packet*. Please check here if you give the faculty affairs coordinator permission to request a new parent packet on your behalf.

Paid Child Rearing Leave
Faculty members may be eligible for up to 12 weeks of paid child rearing leave. Enter the expected start and end date if you plan to take a paid child rearing leave.

Expected Start Date

Expected End Date

If you are extending your paid leave with vacation time, as allotted by the department, please indicate here.

Extension of Paid Child Rearing Leave

Percent Work Effort %

Expected Start Date

Expected End Date

Unpaid Child Rearing Leave

Expected Start Date

Expected End Date

Faculty Signature

B. Departmental Signatures

Complete section B in acknowledgement of faculty member's intent to take a child rearing leave. Please forward the completed form to YSM Academic Appointee Administration at ysmacademic@yale.edu.

Faculty Affairs Coord.

Chair / Section Chief

Lead Administrator

C. Internal Use Only

Date Received

Received by

Faculty Member Eligible for salary coverage under child rearing leave fund?

Eligible Time Start

Eligible Time End

Yale University

Absence Management Programs

Yale and Connecticut Paid Family Medical Leave Coordination

Faculty/Postdoc Consent

PLEASE READ THIS DOCUMENT CAREFULLY AND PROVIDE YOUR SIGNATURE AND CONSENT.

I, _____ , an employee of Yale University, understand that it is my responsibility to file for Connecticut Paid Family Medical Leave (PFML) benefits through the state of CT. I acknowledge that I must apply with the state within the first month of my approved leave of absence.

Other than in the first month of my leave, Yale will offset my wages by the estimated benefit amount I will receive from the state. The state's wages are primary while wages paid by Yale are secondary.

Yale will offer support to avoid any gap caused by state delays in providing benefits. During the first month of leave, Yale will keep my wages whole. Thereafter, Yale may recoup from my paycheck the wages it paid to keep my wages whole.

Should my application through the state of CT be denied, Yale reserves the right to collect any funds it paid during the first month through automatic payroll deduction.

Note: If you choose not to consent or apply for the state benefits, Yale reserves the right offset wages starting with day one of leave.

Please sign that you acknowledge and agree to these terms and conditions below:

Name: _____ *Date:* _____