DATE: July 18, 2014

TO: All Subways Employees

FROM: Sally Librera, Vice President & Chief Officer, Operations Support

SUBJECT: SUBWAYS BULLETIN 14-23
TWU LOCAL 100 MATERNITY/PATERNITY LEAVE BENEFIT

Effective May 21, 2014, employees who are members of TWU, Local 100 are entitled to a two-week paid Maternity/Paternity Leave benefit subject to the following guidelines:

- Maternity/Paternity leave benefit is only effective for births or adoptions that occur on or after May 21, 2014.
- Maternity/Paternity leave is effective upon the birth or adoption of a child.
- Employees are entitled to two (2) weeks fully paid Maternity/Paternity Leave.
- Maternity/Paternity leave will be paid at run pay.
- Maternity/Paternity leave is treated as a 10-day continuous paid absence immediately following the birth or adoption of a child.
- Both parents, if they are TWU Local 100 members, are entitled to this leave.
- Employees are required to give proper notice, in person or by telephone, to their respective crew reporting center, assignment, control, car and time desk of their intention to be absent from work due to Maternity/Paternity Leave.

Employees are required to complete the attached Application of Leave form and submit with appropriate documentation to:

Email: SubwaysFMLA@nyct.com
Phone: (718) 694-3070
Fax: (718) 694-5363
E-fax: (646) 252-6505
Inter-office/USPS Mail Subways FMLA Unit, 130 Livingston Street, 6th Floor
Brooklyn, NY 11201

The Application of Leave form must be submitted no later than three (3) days after the absence start date. Initial documentation (i.e., discharge papers/letter from hospital) must be submitted immediately with the form. Final documentation (i.e., Birth Certificate) must be submitted no later than thirty (30) working days after the employee returns from Maternity/Paternity leave.

Attachment

cc: J. Leader J. Gaul C. Johnson
J. Bromfield W. Habersham J. Samuelsen (TWU)
M. Brown Office of the VP & Chief Officer, SIR
J. Gaito R. Bergen
REQUEST FOR LEAVE OF ABSENCE WITH OR WITHOUT PAY (OTHER THAN SICK LEAVE)

Department: SUBWAYS  Division:  Date: 20

I, , hereby request a leave of absence

Print or Type Name – First  M  Last

From duty with/without pay in accordance with established procedures (TA Rule no. 170)  TWU Local 100 5/21/14 MOU Sec 4-H

(Check or Insert Proper Rule No.)

From: __________ to __________ inclusive, being 10 Days @ Run Pay hours. Reporting point: __________ Days off __________

Run or trick No.: __________ Scheduled hours of work __________ A.M. P.M. __________ A.M. P.M.

Reason for absence: TWU Maternity/Paternity Leave

Employee Signature: ____________________________

Title (Print or Type): __________  Pass or Payroll No.: __________  Rate of Pay: __________

Supervisor Signature: ____________________________  Pass Number: __________

Do not write in this space

Original Date of Appointment with NYCTA, MaBSTOA or Predecessor

| Absence with Pay During Preceding 12 Months | Days | Hours |
|__________________________________________|_______|_______|
| Vacation ________________ | | |
| Holiday Allowance ________________ | | |
| Injury On Duty ________________ | | |
| Sick Leave ________________ | | |
| Other Causes ________________ | | |
| Total ________________ | | |

Absence With Pay During Preceding 12 Months

| Days | Hours |
|_______|_______|
| Absence Without Leave ________________ | | |
| Personal Business ________________ | | |
| Illness ________________ | | |
| Total ________________ | | |

Payroll No.: __________

Remarks

Recommendation: For __________ Days __________ Hours

Signatures
(As per procedure in effect)

Title: __________  20

Title: __________  20

Title: __________  20

Title: __________  20

Leave of Absence

Approved: ☐  Disapproved: ☐ __________

Title: __________  20

Please submit the following initial documentation with this request as applicable:

Spouse: Marriage Certificate and Discharge Papers or Letter from Physician

Single: Copy of Proof of Paternity document or Hospital Discharge Papers (name of father must be on document)

Mothers: Hospital Discharge documents or document from Midwife or Letter on Physician’s Letterhead

FINAL PROOF - A Copy of the newborn’s BIRTH CERTIFICATE within 30 Days of Employee’s Return to Work

Submit Request and Documentation to: FMLA Unit, 130 Livingston Street, 6th Floor, Brooklyn, NY 11201

Email: SubwaysFMLA@nyct.com

Phone: (718) 694-3070  EFax: (646) 252-6505  Fax (718) 694-5363