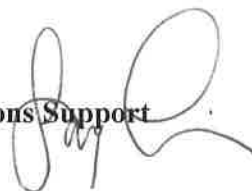


POST ON ALL BULLETIN BOARDS
NEW YORK CITY TRANSIT
DEPARTMENT OF SUBWAYS
OFFICE OF SENIOR VICE PRESIDENT

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:	<u>SubwaysFMLA@nyct.com</u>
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 MI 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	Absence With Pay During Preceding 12 Months	Days	Hours
Vacation _____			Absence Without Leave _____		
Holiday Allowance _____			Personal Business _____		
Injury On Duty _____			Illness _____		
Sick Leave _____					
Other Causes _____					
Total _____			Total _____		

Payroll No. _____

Remarks _____

Recommendation: For _____ Days _____ Hours

Signatures (As per procedure in effect)	_____	_____	_____	20
	_____	_____	_____	20
	_____	_____	_____	20
	_____	_____	_____	20
Leave of Absence Approved <input type="checkbox"/> Disapproved <input type="checkbox"/>	_____	_____	_____	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