POST ON ALL BULLETIN BOARDS

NEW YORK CITY TRANSIT DEPARTMENT OF SUBWAYS OFFICE OF THE SENIOR VICE PRESIDENT

DATE: October 27, 2023

TO: All Subways Employees

FROM: William Amarosa, Vice President & Chief Officer, Operations Support

SUBJECT: SUBWAYS BULLETIN 23-34,

TWU LOCAL 100 - MATERNITY/PATERNITY LEAVE BENEFIT

Effective July 19, 2023, employees who are members of TWU, Local 100 are now entitled to a four-week paid Maternity/Paternity Leave benefit. In addition to Maternity/Paternity Leave, birth mothers are entitled to company-paid Recovery Leave for the first 8 weeks following the birth of the child(ren), which shall occur prior to Maternity/Paternity Leave.

- Four (4) weeks paid Maternity/Paternity Leave benefit is only effective for births or adoptions that occur on or after July 19, 2023.
- Eight (8) weeks company-paid Recovery Leave for birth mothers is only effective for births that occur on or after July 19, 2023.
- Maternity/Paternity Leave is effective upon the birth or adoption of a child.
- Employees are entitled to four (4) weeks fully paid Maternity/Paternity Leave.
- Maternity/Paternity Leave is treated as a 20-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 desk, 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* and submit with appropriate documentation to:

Email: SubwaysMAPA@nyct.com

Phone: (718) 694-3043

Inter-Office/USPS Mail: Cheang Taking, 130 Livingston Street, 6th Floor, Brooklyn NY 11201

The *Application of Leave* form must be submitted with the initial documents* (i.e., discharge papers/letter from hospital) no later than three (3) days after the absence start date. 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:	D. Crichlow	S. Ko	R. Moakler	R. Davis (TWU)
	M. Lali	K. Coughlin	T. Doddo	M. Carrube (SSSA)
	J. Compton	H. Lambert	L. Montanti	P. Valenti (TSO)
	D. Soliman	D. Gallo	C. Hamann	M. Bucceri (UTLO)
	S. Carson	S. Hutson	T. Mulligan	` ` `

Manhattan & Bronx Surface Transit Operating Authority

REQUEST FOR LEAVE OF ABSENCE WITH OR WITHOUT PAY (OTHER THAN SICK LEAVE)

Department	Division	Dat	te	20	
I Print or Type Name – First	M I	Last	_, hereby request	a leave of absence	
••	rdance with established procedures				
	, aa, 100 mar 00000101100 p. 000000100	(17111a.b.11611116),	(Check or Ins	ert Proper Rule No.)	
From	to			, inclusive, being	
Days	hours. Reporting point		Days off		
Run or trick No	_Scheduled hours of work	A.M. P.M		A.M. P.M.	
Reason for absence					
	Employee Signat	ure			
Title (Print or Type)	Pass or Payroll No.	Rate of Pay			
Supervisor Signature	Pass Number				
	Do no	ot write in this space			
Original Date of Appointment with	NYCTA, MaBSTOA or Predecessor				
Absence with Pay During Preceding 12 Months	<u>Days</u> <u>Hours</u>	Absence With Pay Du Preceding	uring g 12 Months	<u>Days</u> <u>Hours</u>	
Vacation		Absence Without Lea	ve		
Holiday Allowance		Personal Business			
Injury On Duty					
Sick Leave					
Other Causes					
Total		Total			
Remarks					
Recommendation: For	Days		Hours		
Signatures	,		<u> </u>	20	
(As per procedure in effect)	_	Title			
	,	Title	,	20	
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	,	Title			
	,	Title		20	
Leave of Absence Approved Disapproved	П			20	
Approved L Disapproved	<u></u> ,	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