

# Leave of Absence Policy for Postdocs and Postgrads

Yale Leave policy provides for up to 8 weeks of full salary continuation for parental leave\*

- Postdoctoral Appointee may extend leave, unpaid, under FMLA guidelines or paid under CT PFML
- Postdoctoral/Postgraduate Associates - may be eligible for Federal FMLA and for the CT Paid Family Medical Leave (CT PFML) benefit plan for additional 4 weeks of Yale unpaid leave: CT PFML paid leave, FMLA unpaid / job-protected leave (run concurrently)
  - Medical leaves require medical provider documentation
- Postdoctoral/Postgraduate Fellows - Follow the Yale Leave policy for up to 8 weeks of paid parental leave and medical leaves; unless the funding source has a different policy.
- PTO is managed by the academic unit. It can be used after leaves to extend time off if academic unity policy allows.

# Appointee, Step-by-Step

## Step 1 Plan

- Discuss intent to take a family and/or medical leave with Department/PI

### Yale Leave of Absence

### State of Connecticut PFML

## Step 2 Apply & Forms

- Submits a Yale Leave request form to the Business Office (Fellow and Associates have different forms)
- Receives medical forms/required documentation from the Office of Postdoctoral Affairs

## Step 3 Confirmation & Review

- Receive confirmation Yale Leave has been entered into Workday from Business Office

## Step 4 Apply

- Review State of CT Paid Family Medical Leave (CT PFML) benefit plan
  - [CT Paid Leave Authority \(PFMLA\)| Home | Official Site](#)

## Step 4 Follow Up

- Submit a claim to the State of CT for CT PFML at least 30 days prior to leave
- Provide supporting documentation directly to the state
- Complete top section of Employer Verification request form
  - Send to: [HR.Leaves@yale.edu](mailto:HR.Leaves@yale.edu)

## Step 5 Communicate

- Notify your Business Office and the Office of Postdoctoral Affairs of any updates to leave and/or your CT PFML claim and final decision
- Request leave extension if needed

- Update your CT account with absence information and information about other sources of money, track final claim decision

# Business Office, Step-by-Step

## Step 1 Confirmation

- Confirm Appointee discussed intent to take a family and/or medical leave with PI

### Yale Leave of Absence

### State of Connecticut PFML

## Step 2 Submit

- Submit Appointee's Yale Leave form to the Office of Postdoctoral Affairs (Fellow and Associates have different forms)
  - [postdoc.affairs@yale.edu](mailto:postdoc.affairs@yale.edu).

## Step 3 Input & Inform

- Inputs Appointee's Yale Leave into Workday
- Emails Appointee, Yale Leave request is in Workday, (approval pending)

- If you receive the Employer Verification request form from the appointee, complete any information you are able to
  - Send to: [HR.Leaves@yale.edu](mailto:HR.Leaves@yale.edu)

## Step 4 Approvals

- Receives Yale Leave approval from Office of Postdoctoral Affairs

- HR Leaves receives Appointee's CT Paid Family Medical Leave
  - Send to: [ysmacademic@yale.edu](mailto:ysmacademic@yale.edu) for payroll adjustment for all appointees - YSM and Central

## Step 4 Communicates

- Receives return to work updates from Appointee
  - Initiates Return Worker from leave in Workday

- Receives updates from Appointee regarding CT PFML approval
  - Updates Workday as needed

# Office of Postdoctoral Affairs, Step-by-Step

## Step 1 Confirmation

- Confirm Appointee discussed intent to take a family and/or medical leave with Department/PI

### Yale Leave of Absence

### State of Connecticut PFML

## Step 2 Review

- Receives Appointee's Yale Leave form from the Business Office and reviews for approval

## Step 3 Input & Inform

- Emails Appointee with request for documentation for Yale Leave if needed
- Advises Appointee of applying for CT - Paid Family Medical Leave benefit plan
  - [CT Paid Leave Authority \(PFMLA\)| Home | Official Site](#)

## Step 4 Approval - Informs

- Yale Leave - approves or denies - emails Business Office and Appointee of Yale Leave decision

- Receives approval notice from HR of the Appointees' CT Paid Family Medical Leave and benefits/payment calculations

## Step 4 Updates

- Receives Appointee return to work updates from Business Office and checks pay is correct

- Receives Appointee return to work updates from Business Office and checks pay is correct

# FAQs

## Yale Salary and State Payment Offset

- Yale payroll will run as usual. The State will confirm the benefit amount paid to the Appointee; a payroll adjustment will be made to collect any overpayment in arrears. The YSM Academic Affairs Support team will work with the HR leaves team and handle any payroll adjustments. This also applies to all postgrads and postdocs YSM and Central Campus.

## Are academic Appointees required to apply to the state for leave?

- Yes, it is a requirement of the State to file if receiving a *paid benefit* from Yale (e.g., paid Parental Leave)
- If an Appointee is not receiving a paid benefit from Yale (e.g., unpaid leave or a Fellow Appointee) then it is not a requirement to file with the State.

## Does the CT PFML apply to all non-academic leaves (e.g., child rearing, medical leaves, caregiver leaves)?

- Yes, please refer to the full list of [qualifying circumstances for leaves under CT PFML](#) on the State's website.

## When does the 12-month calendar start?

- The start date for the 12-month period is the actual event date

Limited to twelve weeks in a twelve-month period, with the possibility of two additional weeks of leave for incapacity during pregnancy. Individuals caring for a family member who was injured while on active duty in the military can take up to 26 weeks of leave, but only 12 weeks of that leave is eligible for paid benefits from the CT Paid Leave Authority.

# FAQs – cont'd

Are intermittent leaves permitted?

- No, academic appointees do not track their time and aren't eligible for intermittent leaves

Appointees who are paid by the VA

- Fully paid by the VA - Appointee is already receiving a government benefit and will not be eligible for the State benefit
- Compensation split between VA and Yale - only the funds paid by Yale will be eligible under the State benefit

If an Appointee who has requested and been approved for a leave and has submitted their resignation, how do we collect any overpayment if a benefit is received from the State?

- This will depend on the timing of the resignation and the payroll processing schedule. If the final paycheck can be adjusted for benefits received from the State, an overpayment will not happen. If an overpayment occurs, the department will need to request a reimbursement from the Appointee

# FAQs – cont'd

How does the State benefit work for Fellows that receive a stipend from Yale (not salary/taxable wages), but may receive taxable wages for moonlighting/on call pay?

- Individuals paid only a stipend are not eligible for CT PFML. If the individual also earns wages and meets the CT PFML earned-wage threshold, a CT PFML paid benefit might be approved. A deduction to the Yale stipend would not be made since stipends are not eligible. However, it is expected that the moonlighting/on call payments would decrease or stop altogether due to the individual being on leave.

How do I apply for this benefit if I live in another state?

- The state you reside in may have a similar benefit. Each state has their own website, process guides, and calculations pages, please follow those and review with benefits advisors with each state.
- Review with your department administrator/PI and HR as needed

# FAQs – cont'd

How do I know what documentation is required to apply for CT PFML?

- The CT – PFML website has easy to follow step-by-steps and a checklist to guide you through the application process and what documents are required by you, your employer, and physician for each type of leave.

[For Claims \(ctpaidleave.org\)](http://ctpaidleave.org)

- The following slides contain screenshots of the CT PFML website and examples of the forms.



# CT Paid Leave Claim Process



## STEP 1 NEW CLAIM SUBMISSION

New claims should be submitted no more than 30 calendar days from the date when paid leave benefits are requested. You will be able to submit a claim beginning December 1st by accessing your account online or by submitting your application via email, phone, fax or mail.



## STEP 2 EMPLOYER VERIFICATION

Employment information will be requested to validate eligibility and determine appropriate claim payments. Return of information should be as soon as possible after filing your claim, but no later than 10 calendar days from new claim submission or the first date of absence, whichever is later. You will be provided with an employment verification form to present to your employer for completion.

- Date of hire
- Typical work days
- Scheduled work hours
- Other income - Paid sick time, Paid time off, etc.

[DOWNLOAD EMPLOYMENT VERIFICATION FORM](#)



## STEP 3 SUPPORTING DOCUMENTATION

Required documentation should be submitted as soon as possible after filing your claim, but no later than 15 calendar days from new claim submission or the first date of absence, whichever is later.

[DOWNLOAD CHECKLIST](#)

Refer to the Do I Qualify section below to see a list of required documents by qualifying circumstance.

[DO I QUALIFY?](#)



## STEP 4 CLAIM DECISION

A claim decision will be made within 5 business days of receipt of all completed information. Decisions will be communicated based on claimant preference (e.g., telephone call, email, letter, portal).



## STEP 5 PAID LEAVE BENEFITS

Benefits are issued weekly on Tuesday and are paid 2 weeks in arrears. Payments will be made through electronic fund transfers (EFT) or with a debit card.

*Example: CT Paid Leave benefits payable for the period of January 9 through January 15 will be issued on Tuesday, January 25.*

# Example of Employment Verification Form

## Connecticut Paid Leave Employment Verification



**Instructions to the employer:** Please complete the following information and return to Aflac within **10 calendar days** of receipt of this form. You can send it by email [CTPLF@Aflac.com](mailto:CTPLF@Aflac.com) or fax to (888) 485-0973.

**Section 1: Applicant's Leave Information** (to be completed by the Applicant or the Employer)

First Name:	Last Name: <b>Filled in by Employee</b>	Date of Birth:
Last 4 Digits of SSN:	Beginning Date of Leave:	End Date of Leave:
Leave Type: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Reduced schedule	Case Number:	
Reason for Leave: <input type="checkbox"/> Employee's own serious health condition <input type="checkbox"/> Caregiver leave <input type="checkbox"/> Bonding leave <input type="checkbox"/> Military caregiver leave <input type="checkbox"/> Qualifying exigency leave <input type="checkbox"/> Family violence leave		

**Section 2: Employer Information** (to be completed by the Employer)

Employer Name: **Yale University** **Filled in by HR Leaves**

Address: **221 Whitney Avenue**

City: **New Haven** State: **CT** Zip Code: **06511**

Contact Name: **Beatrix Eiben** FEIN: **06-0646973**

Contact Phone Number: **203-432-5552** Contact Email: **hr.leaves@yale.edu**

If one of the following categories is applicable, check the appropriate box and return the form to Aflac without completing the remaining sections of the form: **N/A**

Federal Government  Railroad  Private Elementary or Secondary School  Sovereign Nation  
 Government of another state  Non-contributing employee of a Municipality or a Board of Education  
 Non-contributing employee of CT State Government

**Section 3: Applicant's Income and Work Schedule** (to be completed by the Employer)

Employee's Rate of Pay (e.g., \$13/hour or \$800/week): <b>Department fills in</b>	Employee's Hire Date: <b>Department fills in</b>	Date of employee's separation from employment (if applicable): <b>Department fills in</b>
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Please select the work days that the employee typically works: **Department fills in**

Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

A "workweek" is the employee's usual or normal schedule (hours per week). If the employee has a standard workweek (e.g., 40 hours/week, or 24 hours/week) please provide that schedule:  
**Department fills in**

If the employee's workweek varies from week to week, please state the hours worked in each of the 12 weeks prior to the receipt of this form or prior to the start of leave, whichever occurs first (including any overtime worked), plus any hours for which the employee took any paid time off: **Department fills in**

Week 1:	Week 2:	Week 3:	Week 4:
Week 5:	Week 6:	Week 7:	Week 8:
Week 9:	Week 10:	Week 11:	Week 12:

**Section 4: Scheduled Closures** (to be completed by the Employer)

For the requested leave period, please provide the dates of any Company holidays or other scheduled closures or shutdowns during which the employee would not ordinarily be expected to work if not on leave:  
**HR leaves fills in**

CTPL-0006 (02-2022)

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## Connecticut Paid Leave - Employment Verification

Applicant's First Name:	Applicant's Last Name:	Case Number:
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**Section 5: Other Potential Sources of Income** (to be completed by the Employer)

Has the employee applied for Worker's Compensation benefits?  Yes  No **Department fills in**

• If Yes, have the Worker's Compensation benefits been approved?  Yes  No

○ If Yes, please indicate the dates for which the employee is approved to receive Worker's Compensation Benefits:  
To: \_\_\_\_\_ From: \_\_\_\_\_

"Income-replacement benefits" refers to employer-provided sources of income to the employee, including sick leave, vacation leave, paid time off, disability benefits, etc. Please indicate which of the following applies to the employee (please check all that apply): **Department fills in**

Employee will not receive any employer-provided income-replacement benefits while on leave. **If employee will be unpaid during leave, check this box.**

Employee will receive employer-provided income-replacement benefits equal to the employee's regular wages for the entire duration of the employee's leave. **N/A**

Employee will receive employer-provided income-replacement benefits that are equal to the employee's regular wages for a portion of the employee's leave. **N/A**

Please indicate the date the employee will stop receiving such income-replacement benefits: \_\_\_\_\_

Employee will receive employer-provided income-replacement benefits that are less than the employee's regular wages for some or all of the employee's leave. **If employee is receiving any type of yale-funded pay (i.e. Short-term disability or parental pay), check this box.**

Please indicate if the employer-provided income-replacement benefits are:  
 **primary** - the benefit payment duration and amount will be the same whether or not CTPL benefits are payable  
 **secondary** - the benefit payment will be delayed or reduced if CTPL benefits are payable **If above answer is yes, always check "secondary"**

If the employer-provided income-replacement benefits are **primary**, what percentage of the employee's wages will be paid and for how long? Percentage: \_\_\_\_\_ Duration: \_\_\_\_\_

If percentage will change over time, please indicate separate percentages on each line below as applicable:  
 Percentage: \_\_\_\_\_ Duration: \_\_\_\_\_ **N/A**  
 Percentage: \_\_\_\_\_ Duration: \_\_\_\_\_

*If the income-replacement benefits are secondary, CT Paid Leave delegates to the employer the responsibility for complying with the statutory requirement that the sum of the CT Paid Leave benefits plus employer-provided benefits does not exceed 100% of the employee's regular wages.*

**Section 6: Leaves Requiring Additional Employer Approval** (to be completed by the Employer)

**Complete only if Intermittent or Reduced Schedule Bonding Leave is requested by the employee:**  
 Have you approved your employee to take intermittent leave or reduced schedule leave for the purpose of bonding with a newborn or newly adopted child or newly placed foster child?  Yes  No **Department fills in**

If Yes, please describe the timing, frequency and duration of intermittent leave or change in schedule (e.g., leave taken 2 days/month, schedule reduced by 15%): \_\_\_\_\_

**Complete only if Qualifying Exigency Leave for an "other approved reason" is requested by the employee:**  
 Have you approved your employee to take qualifying exigency leave for a reason other than leave to address short-notice deployment, military events and related activities, emergency childcare or parental care, financial and legal arrangements, counseling, covered servicemember's rest and recuperation, post-deployment activities?  Yes  No **Not applicable**

If Yes, please describe the timing, frequency and duration of such qualifying exigency leave, (e.g., leave taken 2 days/month, schedule reduced by 15%): \_\_\_\_\_

**Section 7: Employer Declaration and Signature**

Under penalties of perjury, I declare that to the best of my knowledge and belief, the information contained herein is true, correct, and complete. Any false statements or other failure to provide truthful, accurate, and complete information may result in monetary and other penalties as well as the possibility of criminal prosecution.

Signature <b>HR leaves fills in</b>	Date
Printed Name <b>HR leaves fills in</b>	Title

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# Example of Application Document Checklist

Connecticut Paid Leave

## Application Document Checklist



The Connecticut Paid Leave (CTPL) program presents the opportunity for you to receive income-replacement benefits while you take time away from work to take care of yourself and your family's health needs. To apply for these benefits, you must tell us the reason you are applying for benefits and provide documentation supporting the leave reason as well as documentation verifying your identity. You will also need to have your employer(s) complete a CT PL Employment Verification form.

### Qualifying Circumstances

Check the box indicating which reason applies to you

- I'm starting or expanding my family**  
You are bonding with a new addition to your family; by birth, adoption, or foster care. You may also be eligible to receive income-replacement benefits for absences associated with pre-placement activities, such as court appointments, traveling, etc.
  - You must complete a CT PL Bonding Statement, and
  - Provide a copy of bonding documentation listed in the Bonding Statement.
- I am experiencing a serious health condition**  
You are receiving treatment for or recovering from a serious health condition, including pregnancy, or organ or bone marrow donation.
  - Your own injury or illness (including pregnancy and organ/marrow donation). You and your healthcare provider must complete a CT PL Certification for Serious Health Condition form.
- I need to care for a family member experiencing a serious health condition**  
You are caring for a family member who is receiving treatment for or recovering from a serious health condition. A family member means a spouse, parent, spouse's parent, child (of any age), child's spouse, grandparent, spouse's grandparent, sibling, sibling in law or an individual related to you by blood or affinity whose close association with you is the equivalent to one of the listed family relationships.
  - You must complete a CT PL Statement of Family Relationship form, and
  - You and the healthcare provider of your family member who has a serious health condition must complete a CT PL Certification for Care of a Family Member with a Serious Health Condition form.
- I have been impacted by family violence**  
You are experiencing family violence; you may be eligible to receive up to twelve (12) days of CTPL benefits to seek medical or psychological care, to seek support from a victim services organization, to relocate, or to participate in any civil or criminal proceeding relating to family violence.
  - You must complete a CT PL Family Violence Statement, and
  - You'll need to provide a copy of appointments, court dates, or other proof of services.
- I need to care for a military family member injured during active duty**  
You are caring for family member that is a Current Service Member during their serious health condition.
  - CT PL Certification for Serious Injury or Illness of a Current Service Member for Military Caregiver Leave form must be completed by you and your family member's healthcare provider; **OR**
  - You must provide a copy of an ITA (Invitational Travel Authorization) or ITO (Invitational Travel Order).
- I need to take time to address Qualifying Exigencies associated with a call to active duty**  
You are addressing specific exigent circumstances associated with the deployment of a parent, spouse, or child to overseas military duty.
  - You must complete a CT PL Certification for Military Leave for Qualifying Exigency form, and provide:
    - A copy of orders or letter of impending activation from the family members officer; **OR**
    - A copy of documentation validating the specific activity for which you are taking leave.

CTPL-0001 (07-2021)

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Connecticut Paid Leave - Application Document Checklist

### Employment Verification

In order to support your Paid Leave request, you must have your employer complete the CT PL Employment Verification form. If you have more than one employer, each employer should complete on your behalf.

### Identity Verification

In order to support your Paid Leave request, you must provide identification verification documents with your application. Please submit one stand-alone document OR two alternate documents. Do not send original documents.

#### Stand-alone documents:

The easiest way to provide proof of identity is a color copy of your Connecticut driver's license or ID. If you don't have a Connecticut driver's license or ID, you will need to provide ONE of the following documents for ID proofing:

- Valid United States government (federal or state) issued form of identification (i.e., passport, passport card, ID card, enhanced or standard driver's license)
- Valid United States Citizenship and Immigration Service ID.
  - Form I-766 Employment Authorization
  - Form I-551 Permanent Resident Card
- Valid foreign government issued form of identification (i.e., passport, consular ID card, national identification card)

#### Alternate documents:

Please provide one of the documents from Column A and one of the documents from Column B.

Column A	Column B
<ul style="list-style-type: none"> <li><input type="checkbox"/> A certified copy of your birth certificate filed with a State Office of Vital Statistics or equivalent agency in your state of birth.</li> <li><input type="checkbox"/> A certificate of Citizenship, Form N-560, or Form N-561, issued by DHS</li> <li><input type="checkbox"/> A certificate of Naturalization (Form N-550 or Form N-570)</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> An SSN Card</li> <li><input type="checkbox"/> A W-2 Form</li> <li><input type="checkbox"/> An SSA-1099 Form</li> <li><input type="checkbox"/> A Non-SSA-1099 Form</li> <li><input type="checkbox"/> A pay stub with your full name and SSN on it</li> <li><input type="checkbox"/> An authorization letter from the IRS displaying your 9-digit individual tax identification number</li> </ul>

### Where do I send my application?

Administrative Office  
PO Box 84077  
Columbus GA, 31908-4077

Phone: (877) 499-8606  
Fax: (888) 485-0973  
Email: [CTPFL@Aflac.com](mailto:CTPFL@Aflac.com)

Under penalties of perjury, I declare that to the best of my knowledge and belief, the information contained herein is true, correct, and complete. Any false statements or other failure to provide truthful, accurate, and complete information may result in monetary and other penalties as well as the possibility of criminal prosecution. I further certify that if benefits are paid in excess of the amount to which I am entitled, I will return to the Authority the amount that was overpaid, and I acknowledge that failure to do so may result in the accrual of interest and other penalties.

Signature	Date
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