



The New Jersey Family Leave Act

What Rights Do I Have If I Need To Take Time Off From Work To Care For A Close Family Member?

Under the New Jersey Family Leave Act, certain employees are entitled to take leave without losing their jobs as long as the following conditions are met:

Employer - The employer must have at least 50 employees who have been working for at least 20 weeks during the current or previous year. When counting the number of employees, all of the employer's employees, whether located in New Jersey or not, are included.

Employee - The employee who wants to take leave must have worked for that employer for one year and must have worked at least 1,000 hours, including paid overtime hours, during the 12 months immediately prior to taking the leave.

Exception - An employer may deny leave to employees whose base salaries are within the highest 5% of all employees if their absence would have a substantial negative effect on the business. The same is true for the seven most highly paid employees. The employer must provide proper notice to the employee that they fall into this category.

What Circumstances Entitle Me To Take Family Leave?

The New Jersey Family Leave Act permits leave to be taken for:

- The care of a newly born or adopted child, as long as leave begins within one year of the date the child is born to or placed with the employee; or
- The care of a parent, child under 18, spouse, or civil union partner who has a serious health condition requiring in-patient care, continuing medical treatment or medical supervision. The Family Leave Act considers parents to be: in-laws, step-parents, foster parents, adoptive parents or others having a parent-child relationship with an employee.

How Much Leave Am I Entitled To?

Each eligible employee may take up to 12 weeks of continuous leave during a given 24-month period.

When caring for a family member with a serious health condition, an employee may take leave that is not continuous, for example, an intermittent leave or a

reduced work schedule. Sometimes an employer's approval is necessary for this type of arrangement if the leave is taken in connection with the birth or adoption of a child.

What Notice Has To Be Given To The Employer?

An employer is entitled to require the employee to give 30 days notice for leave related to the birth or adoption of a child. In the case of relative's serious health condition, 15 days notice may be required.

If an emergency arises, reasonable notice must still be given, within the confines of the circumstances.

Can I Take Family Leave If I Am Also Entitled To Disability Leave?

New Jersey family leave is separate from any leave an employee may take for his or her own disability.

Is The New Jersey Family Leave Act Identical To The Federal Family And Medical Leave Act?

They are similar, but there are some differences. Some of the differences are:

- Unlike the New Jersey Family Leave Act, federal law does allow an employee to use leave time for his or her own medical condition.
- While the state law provides for 12 weeks of leave in a given 24-month period, federal law provides for 12 weeks of eligible leave within a period of 12 months.
- The New Jersey FLA applies to companies with 50 or more employees nationwide. The federal FMLA applies to all employers with 50 or more employees within 75 miles of each other.

In situations where a leave is provided by both the New Jersey Family Leave Act and the federal Family and Medical Leave Act (i.e., family leave), the employee is entitled to only up to 12 weeks of leave, in a 12 month period to care for a family member or newly born or adopted child.

A leave granted due to the employee's disability is covered only by the federal FMLA and may be followed by an additional leave for the care of a family member under the New Jersey Family Leave Act.

What Am I Entitled To When I Return To Work?

The employee is generally entitled to the same position held before the leave.

Exception: If the original position is no longer available when the employee returns, the employer must offer an equivalent position in terms of pay, benefits and status.

Layoff: If a layoff occurred while the employee was on leave, the employee retains the same rights as if no leave had been taken.

Can My Employer Require Proof Of Eligibility As A Condition Of Leave?

The employer is entitled to request verification of the qualifying condition, such as a doctor's certification that a serious health condition exists. In other words, a medical certification may be required, but an employer cannot require an employee to certify that he/she is eligible for family leave. This is the employer's responsibility.

What Should I Do Next?

When the parties are unable to resolve a dispute themselves, the law provides specific relief under the Family Leave Act.

Administrative remedy:

The Department of Law & Public Safety, through its Division on Civil Rights, is responsible for enforcing the Family Leave Act (FLA). If you believe that you have been denied leave to which you are entitled under the FLA or treated unfairly because you have exercised your rights under the FLA, please visit or phone us at the Division on Civil Rights office closest to where you live or where the discrimination occurred. Our addresses and phone numbers are at the end of this fact sheet, or visit us on the web at www.NJCivilRights.gov.

A complaint must be filed with the New Jersey Division on Civil Rights within 180 days of the denial of leave or other adverse employment action. An initial evaluation will be conducted to determine if you state a claim for relief under the FLA. If so, the Division will prepare a complaint for you to sign and then the Division will conduct an investigation into your allegations. If the investigation shows enough evidence to support your complaint (known as probable cause), and your complaint cannot be settled, a hearing will be held in the Office of Administrative Law. You may choose to retain a private attorney to represent you at the hearing, or a lawyer will be provided to prosecute the case on behalf of the New Jersey Division on Civil Rights. At the conclusion of the hearing, the Director of the Division on Civil Rights will make a final decision as to whether unlawful denial of leave or other adverse employment action has been proven and, if so, what remedies should be awarded to the complainant. Other than fees for a private attorney, if applicable, there is no cost to the individual for these services.

Judicial Remedy:

In the alternative, an individual who believes he or she has been denied leave in violation of the FLA or subjected to

other adverse employment action because he/she has exercised their rights under the FLA, may file a complaint and try his or her case in New Jersey Superior Court. Individuals usually hire an attorney to represent them in a Superior Court action. A party cannot file with the Division on Civil Rights and in Superior Court at the same time. A Superior Court action must be filed within two years of the denial of leave or other adverse employment action.

What Remedies Are Available?

A prevailing complainant may be entitled to the leave time that was denied. A complainant may also be entitled to damages for pain, humiliation, and emotional distress caused by the employer's actions; restoration of employee benefits that the complainant would have received but for the employer's actions; out-of-pocket expenses incurred as a result of the denial of leave; and reasonable attorney's fees if the complainant was represented by counsel.

In addition, the Division may impose penalties on the party who violated the FLA of up to \$2,000 for the first violation, and up to \$5,000 for a second or subsequent violation. These penalties are payable to the State, not the complainant. In addition, the Director of the Division on Civil Rights may award the complainant punitive damages in an amount up to \$10,000.

Remember, it's against the law for anyone to retaliate against you because you have exercised your rights under the New Jersey Family Leave Act.



NJ Office of the Attorney General

CIVIL RIGHTS

The Department of Law & Public Safety, through its Division on Civil Rights, is responsible for enforcing the law. To file a complaint, contact or visit the office nearest you:

Atlantic City Regional Office:

1325 Boardwalk, Tennessee Ave. & Boardwalk
Atlantic City, NJ 08401
Phone: (609) 441-3100 • Fax: (609) 441-3578

Camden Regional Office:

One Port Center, 4th Floor, Suite 402
2 Riverside Drive, Camden, NJ 08103
Phone: (856) 614-2550 • Fax: (856) 614-2568

Newark Regional Office:

31 Clinton Street, Newark, NJ 07102
Phone: (973) 648-2700 • Fax: (973) 648-4405

Trenton Regional Office:

140 East Front Street / P.O. Box 090
Trenton, NJ 08625-0090
Phone: (609) 292-4605 • Fax: (609) 984-3812

Visit our web site at www.NJCivilRights.gov



STEVEN M. FULOP
MAYOR OF JERSEY CITY

CITY OF JERSEY CITY
OFFICE OF THE MAYOR

CITY HALL | 280 GROVE STREET | JERSEY CITY, NJ 07302
P: 201 547 5500 | F: 201 547 5442



STEVEN M. FULOP
MAYOR OF JERSEY CITY

E.O. 2018-002

March 9, 2018

**EXECUTIVE ORDER OF THE MAYOR
OF THE CITY OF JERSEY CITY
PAID PARENTAL LEAVE FOR
MUNICIPAL EMPLOYEES
(NJ FAMILY LEAVE INSURANCE WAGE SUPPLEMENT)**

Pursuant to the Faulkner Act, N.J.S.A. 40:69A-43a, the Mayor is authorized to set the salaries, wages, or other compensation of all municipal employees of administrative departments except directors and employees whose salaries are required to be set by ordinance.

Pursuant to this authority and subject to any pertinent civil service requirements and any collective bargaining agreements, and within the limits of the municipal budget, I hereby issue the following Executive Order covering all non-uniformed employees.

The City of Jersey City (hereinafter referred to as "the City") appreciates the commitment of our working families. In further support for working families, the City's Paid Parental Leave will provide to its employees, who are mothers and fathers, a more progressive work environment that supports families and recruits and retains valuable employees.

In qualifying circumstances, the City will supplement (City Wage Supplement) the weekly wages provided to the employee through NJFLI, New Jersey Family Leave Insurance, to bring the employee to full weekly wages.

In order to be eligible for Paid Parental Leave, the employee must:

- Have one year of service as a full-time City employee at the time of application for Paid Parental Leave;
 - Full-time shall mean at least 37.5 hours per week;
- Be approved for:
 - Family Medical Leave Act (FMLA) and/or New Jersey Family

Leave Act (NJFLA) (such approval being for FMLA and/or NJFLA for the care of a newly born child or a newly adopted child); **and**

- Family Leave Insurance (FLI) provision of the NJ Temporary Disability Benefits Law, or any subsequent amendment (such approval being for the care of a newly born child or a newly adopted child);
- Must not have used this benefit on another occasion within a "rolling 12-month period", as "rolling 12-month period" is defined under the FMLA.

Repayment of Paid Parental Leave:

- Employees who do not remain employed with the City for one year after returning from parental leave must repay the City Wage Supplement to the City unless the employee is laid off prior to one year after their return to work date, with such lay off occurring pursuant to the law, rules and regulations of the Civil Service Commission. Employees who are not ultimately approved for NJFLI, also must repay the City Wage Supplement to the City.

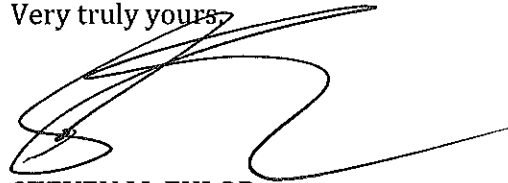
The Human Resources Department shall promulgate all necessary policies, forms and applications to implement this Order's terms and conditions

Any other Executive Orders inconsistent with the provisions of this Order are hereby rescinded.

This Executive Order shall be kept on file in the Offices of the City Clerk and Business Administrator. It will also be made available to the public upon request.

This Order shall take effect immediately.

Very truly yours,



**STEVEN M. FULOP
MAYOR**

cc: Robert Kakoleski, Business Administrator
Robert Byrne, City Clerk
Jeremy Farrell, Corporation Counsel
All Department Directors



STEVEN M. FULOP
MAYOR OF JERSEY CITY

CITY OF JERSEY CITY

DEPARTMENT OF HUMAN RESOURCES

CITY HALL | 280 GROVE STREET | JERSEY CITY, NJ 07302
P: 201 547 5217 | F: 201 547 5022



MARK A. BUNBURY JR.
DIRECTOR

JERSEY CITY PAID PARENTAL LEAVE FAQ SHEET

1. Who is eligible for Paid Parental Leave?

Employees who meet all of the following conditions:

- Current full-time, non-uniformed employee.
- One year of full-time service as a City employee and works a minimum of 37.5 hours per week.
- Approved¹ for Family Medical Leave (FMLA) and/or New Jersey Leave Act (NJFLA).
- Approved² for NJ Family Leave Insurance (FLI).
- Must not have used Paid Parental Leave on another occasion within a prior 12-month period.

2. What am I entitled to while on Paid Parental Leave?

- You will receive your full weekly wages for a period of 6 weeks. The State will pay you your NJFLI payments and the City will pay you the difference between your NJFLI payment and your normal weekly wage.

NJFLI + City Wage Supplement = Full weekly wages

3. Are employees required to utilize their sick/vacation/personal time while on Paid Parental Leave?

- No. Employees who timely file their Paid Parental Leave Application will not have to use sick/vacation/personal time while on paid parental leave.

4. Can I take Paid Parental Leave for reasons other than for a newly born child or a newly adopted child?

- No. Paid Parental Leave can only be used to bond with a newborn child or newly adopted child.

5. Do I need to take my leave all at once?

- Yes. The leave must be taken during one continuous period of time. All leave taken to bond with a newborn or newly adopted child, must be taken during the 12-month period immediately following the birth or adoption of the child.

¹ Approval must be for the care of a newly born child or a newly adopted child.

² Approval must be for the care of a newly born child or a newly adopted child.

6. Are Paid Parental Leave wages taxable?

- Yes. Paid Parental Leave benefits are taxable and will be included in federal gross income and subject to other standard payroll deductions.

7. Are pension deductions made for period of Paid Parental Leave?

- No. Eligible employees may be able to purchase back this time and should contact the Pension Division on more information.

8. Must an employee notify the City if he/she intends to claim Paid Parental Leave?

- Yes. Employees generally must provide the City with a minimum of 30 days' notice prior to commencement of the family leave.

9. Are there any caps on how often I can participate in Paid Parental Leave?

- Yes. Employees can only use Paid Parental Leave once within a prior 12-month period.

10. Am I entitled to health benefits while on Paid Parental Leave?

- Yes, as provided for under FMLA/NJFLA and City policy.

11. Do these wages have to be repaid?

- Employees who do not remain employed with the City for one year after returning from parental leave must repay the City Wage Supplement to the City, unless the employee is laid off prior to one year after their return to work date.
- Employees who are not ultimately approved for NJFLI also must repay the City Wage Supplement to the City.

12. Where do I go if I have more questions?

- If you have any additional questions regarding Paid Parental Leave, please contact the Human Resources Department at (201) 547-5217.

****This Fact-Sheet is for informational purposes only****
The applicable Executive Order and/or City Policy shall control over this Fact-Sheet



STEVEN M. FULOP
MAYOR OF JERSEY CITY

CITY OF JERSEY CITY DEPARTMENT OF HUMAN RESOURCES

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MARK A. BUNBURY JR.
DIRECTOR

PAID PARENTAL LEAVE APPLICATION

Instructions: This application must be submitted to Human Resources **after** the birth of the baby or the placement of the child with his/her adoptive parents. Employee completes Part I of the form and forwards to the Human Resources Department ("HR"). HR completes Part II of the form and a copy will be placed in the employee's medical file, in accordance with standard procedures.

PART I (To be completed by Employee)

Name: _____

Job Title: _____ Department: _____

Home Address: _____

Phone: Number: _____

I hereby give notice of my intent to take paid parental leave. The expected date of the child's birth or placement for adoption is: _____. I anticipate taking _____ weeks of paid parental leave (**cannot exceed six weeks**) for:

- Birth of a Child
- Placement for Adoption

I understand that the following conditions apply to this leave:

- The period of leave runs concurrently with New Jersey Family Leave Act ("NJFLA") leave and New Jersey Family Leave Insurance ("NJFLI"), to the extent that such leave is available to the employee and to the extent the employee is found eligible for NJFLI. All terms and conditions stated in the City of Jersey City Paid Parental Leave, incorporated herein, policy also apply to my use of this benefit.
- Employees who do not remain employed with the City for one year after returning from parental leave must repay the City Wage Supplement to the City, unless the employee is laid off prior to one year after their return to work date.
- If the employee is not ultimately approved for NJFLI, the amount of the employee's City Wage Supplement will be deducted from his or her next available paycheck. If the employee's next available paycheck does not cover the full amount of the City Wage Supplement, the City will deduct any remaining amounts owed from any subsequent paycheck(s) until the full amount of the City Wage Supplement is paid.

- If the City terminates an employee or the employee resigns or retires from his or her employment prior to one year after returning from parental leave, the amount of the employee's City Wage Supplement will be deducted from his or her final paycheck. If the employee's final paycheck does not cover the full amount of the City Wage Supplement, he or she will be responsible for repaying any remaining sums within six months of his or her last day of employment with the City.

Employee Signature: _____ Date: _____

PART II (To be completed by Human Resources)

Employee meets all eligibility requirements: _____
(Employee's Date of Hire)

Proof of Birth/Placement for Adoption: _____
(Specify documentation submitted)

Period of Paid Parental Leave: From _____ To _____

APPLICATION APPROVED:

NOT APPROVED:

Ineligible (Employee did not meet the minimum requirements)

Inadequate/Incomplete Documentation

Signature: _____
FMLA/ADA Coordinator or Designee

Date: _____

FLFLFL



PART A YOUR INFORMATION

Internal Code 	Social Security Number <table style="display:inline-table; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>										

Profile Information

1 Last name First name Middle	4 Date of Birth ___ ___ ___ mm dd yy	5 Gender _____
2 Home Address(Street, Apt #, City, State, ZIP Code)		6 County _____
3 Mailing Address-if different from home address(Street, Apt #, City, State, ZIP Code)		
7 Phone(____) _____		

Questions 8 and 9 are for statistical purposes only and do not affect eligibility

8 With which racial/ethnic group(s) do you most identify? <input type="checkbox"/> Caucasian <input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> African American <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian Latino/Hispanic <input type="checkbox"/> Yes <input type="checkbox"/> No	9 Check the highest level of schooling you have completed. <input type="checkbox"/> Have not graduated high school <input type="checkbox"/> Associates/Bachelor's Degree <input type="checkbox"/> High School Graduate/GED <input type="checkbox"/> Graduate Degree
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Leave Information

10 Date your Family Leave began ___ ___ ___	11 Date you returned/will return to work ___ ___ ___
12 Reason for family leave <input type="checkbox"/> Bond with child <div style="text-align: center;"> <input type="checkbox"/> Complete Parts A & B </div>	<input type="checkbox"/> Care of family member <div style="text-align: center;"> <input type="checkbox"/> Complete Parts A, B, & C </div>
Bonding claims: <i>If you are the birth mother of the child, you may be eligible for Temporary Disability maternity benefits before collecting Family Leave bonding benefits. If you would like to apply for these benefits during your pregnancy and recovery, complete the Temporary Disability Benefits Application (form DS-1).</i>	
13 Person you are caring for or bonding with Last name _____ First _____ Relationship _____ Phone(____) _____ Date of Birth ___ ___ ___ Date of Adoption/Foster Placement (if applicable) ___ ___ ___	
14 Are you taking all 42 days of Family Leave benefits in a row? <input type="checkbox"/> Yes <input type="checkbox"/> No <div style="text-align: center;"> <input type="checkbox"/> Complete Part D (Partial Leave Schedule) on Page 3 </div>	

Additional Benefit Information

15 Do you want 10% of your benefits withheld for federal income tax? <input type="checkbox"/> Yes <input type="checkbox"/> No
16 During the period of Family Leave covered by this claim, have you received or applied for:
a Federal Social Security Disability benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, enter start/application date ___ ___ ___
b Pension benefits from your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, enter start date ___ ___ ___ Monthly amount \$ _____
c Workers' Compensation benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No
d Unemployment Insurance benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No

Certification and Signature

17 I certify I was unavailable to work during the period for which I am claiming benefits. I am aware that if I provide any information in this application that I know to be false, or if I knowingly fail to disclose a material fact, I may be subject to penalties, which may include criminal prosecution. You are hereby authorized to verify my Social Security Number, and obtain any medical, employment and Social Security benefit information necessary to determine my eligibility for benefits.

Sign Here _____ Date ___|___|___

Note: The Division of Family Leave Insurance is not a "covered entity" under the Federal Health Information Portability & Accountability Act (HIPAA). All medical records of the Division, except to the extent necessary for the proper administration of the Temporary Disability Benefits Law are confidential & are not open to public inspection. The Division protects all records that may reveal the identity of the claimant, or the nature or cause of the family leave and the records may only be used in proceedings arising under the law.

Name _____
Address _____
Phone (____) _____

Social Security Number

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PART B EMPLOYMENT INFORMATION

Instructions: Starting with your last employer, provide information for all your employers in the 6 months before your leave began. If you need to list more employers, make a copy of this page. Be sure to state the first and last day you physically reported to work. Do not write "present" or "current."

1 Name of your most recent employer Company _____ Street _____		2 Federal Employer Identification Number (FEIN) (see instructions) ____-____-____-____-____-____	
3 Date of hire ____/____/____ mm dd yy		4 <input type="checkbox"/> Full time <input type="checkbox"/> Part time	
5 Union <input type="checkbox"/> Yes <input type="checkbox"/> No		6 Occupation _____	
7 Work Location City _____ State _____		8 Separation from this employer is <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent	
9 Which days do you normally work? <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat		10 Regular Weekly Earnings \$ _____	
11 Supervisor's Name _____		12 Phone (____) _____	
13 Have you provided this employer with at least 15 days' notice that you would be taking this leave? <input type="checkbox"/> Yes <input type="checkbox"/> No		14 Did you collect temporary disability benefits under this employer's approved private plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, give dates ____/____/____ to ____/____/____		\$ _____ per week	
15 Have you been paid for any days after your last day of work? <input type="checkbox"/> Yes <input type="checkbox"/> No		This pay represents:	
If yes, from ____/____/____ to ____/____/____		<input type="checkbox"/> Paid time off (vacation, sick, personal, etc.)	
Total amount paid \$ _____		<input type="checkbox"/> Difference between regular wages and disability benefits	
		<input type="checkbox"/> Other pay from your employer (explain) _____	
		<input type="checkbox"/> Severance pay <input type="checkbox"/> With notice <input type="checkbox"/> In lieu of notice	
		<input type="checkbox"/> Donated Leave	

1 Name of other employer (if applicable) Company _____ Street _____		2 Federal Employer Identification Number (FEIN) (see instructions) ____-____-____-____-____-____	
3 Date of hire ____/____/____ mm dd yy		4 <input type="checkbox"/> Full time <input type="checkbox"/> Part time	
5 Union <input type="checkbox"/> Yes <input type="checkbox"/> No		6 Occupation _____	
7 Work Location City _____ State _____		8 Separation from this employer is <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent	
9 Which days do you normally work? <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat		10 Regular Weekly Earnings \$ _____	
11 Supervisor's Name _____		12 Phone (____) _____	
13 Have you provided this employer with at least 15 days' notice that you would be taking this leave? <input type="checkbox"/> Yes <input type="checkbox"/> No		14 Did you collect temporary disability benefits under this employer's approved private plan? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, give dates ____/____/____ to ____/____/____		\$ _____ per week	
15 Have you been paid for any days after your last day of work? <input type="checkbox"/> Yes <input type="checkbox"/> No		This pay represents:	
If yes, from ____/____/____ to ____/____/____		<input type="checkbox"/> Paid time off (vacation, sick, personal, etc.)	
Total amount paid \$ _____		<input type="checkbox"/> Difference between regular wages and disability benefits	
		<input type="checkbox"/> Other pay from your employer (explain) _____	
		<input type="checkbox"/> Severance pay <input type="checkbox"/> With notice <input type="checkbox"/> In lieu of notice	
		<input type="checkbox"/> Donated Leave	

Name _____ Social Security Number _____
 Address _____
 Phone (____) _____

PART C CAREGIVING CLAIMS

SECTION 1 MEDICAL CERTIFICATE: To be completed by the care recipient's healthcare provider

1 Does your patient require full time care? Yes No If no, how many days per week does your patient need care? _____

2 What was the first day that your patient needed care? _____
 mm | dd | yy

3 On what day do you estimate your patient will no longer require care? _____
 mm | dd | yy

4 Diagnosis (condition that requires care) _____ # ICD Code _____

5 I certify the above statements describe the patient's condition, need for care, and the estimated length of disability:
 Print Name _____ Signature _____ Date _____
 Certificate License No. and State _____ Check, if Resident
 Street Address _____
 City _____ State _____ ZIP Code _____
 Phone (____) _____ Fax (____) _____

SECTION 2 CARE RECIPIENT'S CERTIFICATION: To be completed by the care recipient

1 Care Recipient's Name Last _____ First _____

2 Care Recipient's Medical Disclosure Authorization and Confirmation: I authorize my physicians/health care providers to disclose my current personal health information to my care provider, identified above, and to the New Jersey Division of Family Leave Insurance. I make this authorization to support my care provider's claim for Family Leave Insurance benefits. I understand that I may not revoke my authorization to avoid prosecution or to prevent the Division of Family Leave Insurance from recovering money to which it is legally entitled. I further understand that copies of my signature below are as valid as the original.

Care Recipient's Signature _____ Date _____
 Witness signature if care recipient writes an "X" _____
 (If care recipient is unable to sign, Item 3 below must be completed.)
 Note: The Division of Family Leave Insurance is not a "covered entity" under the Federal Health Information Portability & Accountability Act (HIPAA). All of your medical records, except to the extent necessary for the proper administration of the Temporary Disability Benefits Law, are confidential and are not open to public inspection. The Division also protects all records that may reveal your identity or the identity of your care provider.

3 Authorized representative signing on behalf of care recipient must complete the following: I, _____, print name
 represent the care recipient in this matter and I am authorized by:
 Parental right Power of attorney (attach copy) Court order (attach copy)

Representative's Signature _____ Date _____ Phone (____) _____

PART D PARTIAL LEAVE SCHEDULE

If you are not claiming all 42 days in a row, mark your full days of absence on the schedule below. Week Beginning Date should be the Sunday of the week you are taking leave. No benefits will be approved beyond the date of your signature.

Week Beginning Date _____ <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat	Week Beginning Date _____ <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat
Week Beginning Date _____ <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat	Week Beginning Date _____ <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat
Week Beginning Date _____ <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat	Week Beginning Date _____ <input type="checkbox"/> Sun <input type="checkbox"/> Mon <input type="checkbox"/> Tue <input type="checkbox"/> Wed <input type="checkbox"/> Thur <input type="checkbox"/> Fri <input type="checkbox"/> Sat

Claimant signature _____ Date _____

FILE ONLINE FOR FASTER CLAIM PROCESSING AT

myLeaveBenefits.nj.gov

How to Complete the Claim for Family Leave Benefits

- This application (form FL-1) is for family caregiving or bonding leave. If you wish to claim benefits for your own disability or for pregnancy and recovery, complete the application for Temporary Disability Benefits (form DS-1).
- You must complete the first 2 pages of the form (**Parts A and B**).
- You will need to provide your employer's Federal Employer Identification Number on **Part B**. You can get this number from either your last year's W-2 form or your Human Resources office. Your employer is not required to complete this form but you can ask them to help you with any questions on **Part B**.
- **Part C** must be completed by the care recipient and the doctor *only* if you are caring for an ill family member.
- **Part D** must be completed *only* if you are not claiming all 42 days in a row.
- If your reason for taking leave is related to a domestic violence or sexual violence case in which medical documentation is not applicable, attach documentation related to the case. For more information see myleavebenefits.nj.gov/keepingNJsafe.
- You have 30 days from the first day of your leave to file your claim. If your claim form is received more than 30 days from the first day of your leave, you must provide a reason why the claim was not filed on time. Benefits may be reduced or denied for late applications.

Remember

- You must complete every question accurately and write legibly.
- **Any missing information may cause your claim to be denied.**
- Demographic questions have no effect on the approval or denial of your claim.
- Write your name and Social Security number on each page of your claim and on all attachments.
- Exact dates must be given. Do not write "present" or "current."
- If you need to list more than 2 employers, make a copy of Part B to list additional employment.
- If you return to work while you are claiming Family Leave benefits, report this date immediately to the Division of Family Leave Insurance to avoid overpayment.

How to Send Us Your Claim Form

There are 2 options for you to submit this form. **Choose only one, as sending multiple copies will delay processing.** If you filed your claim online, do not also submit a paper application.

1. Fax this completed form to 609-984-4138

- OR -

2. Mail this completed form to: Division of Temporary Disability Insurance / P.O. Box 387 / Trenton, NJ 08625-0387

After Submitting Your Claim

- If you are eligible for Family Leave Insurance benefits but do not initially claim the full 42 days, we will send you a request for continued claim certification (form FL-3). Use this form if you need to claim benefits for additional periods of leave. Complete and return the form promptly to ensure uninterrupted benefits.
- You can find more information and check your claim status at myLeaveBenefits.nj.gov
- For more help on your claim, call Customer Service: 609-292-7060