

Request To Elect Paid Time Off (PTO) In Lieu of STD or MAPFML Pay Benefit

Employee Name: _____ HUD: _____

I am electing to use PTO in lieu of the Short Term Disability pay benefit from:
_____ to _____.

PTO in lieu of STD Pay.

I elect to use the following:

- accrued sick: _____ hours/days start date: _____ end date: _____
- accrued personal: _____ hours/days start date: _____ end date: _____
- accrued vacation: _____ hours/days start date: _____ end date: _____

****I am electing to use PTO to supplement the first 4 weeks of bonding leave for
100% pay: _____ to _____**

PTO to supplement MAPFML Pay.

First 4 weeks of Bonding leave (after waiting period if applicable) can be supplemented if pay is 75%. Non-union: 100%; Union: >7 years Benefits Eligible Service (BES) = 100%; < 7 years BES = 75%. To calculate supplemented hours, take daily hours x % pay not covered ie. 7 x .25 = 1.75 hours.

I elect to use the following:

- accrued personal: _____ hours/days start date: _____ end date: _____
- accrued vacation: _____ hours/days start date: _____ end date: _____

I am electing to use PTO in lieu of the MAPFML pay benefit
from: _____ to _____.

PTO in lieu of MAPFML Pay.

I elect to use the following:

- accrued sick: _____ hours/days start date: _____ end date: _____
- accrued personal: _____ hours/days start date: _____ end date: _____
- accrued vacation: _____ hours/days start date: _____ end date: _____

Comments:

Signature

Date

*** Only applies to Union employees with less than 7 years of service.*

Return signed original to local HR contact or Leave of Absence Specialist.