Dear,

Paid Family Leave (PFL) is a new New York State benefit slated to go into effect for eligible employees beginning Jan. 1, 2018. While many University employees are automatically eligible for PFL, per New York state guidelines, some employees in certain job categories—including yours—need to elect to receive this benefit, which is funded through a payroll deduction.

*Your vote (see below) is critical to determining whether you and roughly 9,000 faculty and staff at the University become eligible for PFL. For this group to receive PFL benefits, we need a majority of faculty and staff in the group – about 4,501 individuals – to vote “yes.” Likewise, if a majority vote against receiving the benefit, or more than 50% of 9,000 do not cast a vote at all, then no one in this group will be eligible for PFL.*

The University supports offering this benefit to all of our faculty and staff. It’s an affordable benefit—costing less than a cup of coffee each week—and provides paid leave with job protection, something we know many employees want and may eventually need. By participating in this vote, you have the opportunity to help yourself if and when you may need benefits, as well as your colleagues who may need PFL in the future. Regardless of your decision, your vote is completely confidential, and the University will not take action against anyone based on their vote.

We also feel compelled to advise you of a small risk associated with this vote. State representatives have suggested that if the majority of this group votes not to receive PFL, then all faculty and staff in this group also become ineligible to receive statutory disability benefits. The University believes that this interpretation is incorrect, and we will work to protect this benefit for all of our employees. However, we feel obligated to inform you of this small risk before you vote.
Additional information on PFL and statutory disability benefits is available at https://www.rochester.edu/working/hr/leave/.

Please VOTE below by selecting the statement that indicates your Paid Family Leave preference. Again, your vote is confidential.

◯ **YES!** I WANT THE UNIVERSITY OF ROCHESTER TO OFFER PAID FAMILY LEAVE TO THIS GROUP OF EMPLOYEES. I UNDERSTAND THAT I WILL BE RESPONSIBLE FOR PAYING A SMALL PAYROLL DEDUCTION AS DETERMINED BY NEW YORK STATE (BASED ON ANNUAL SALARY).

◯ **NO!** I DO NOT WANT THE OPTION OF PAID FAMILY LEAVE.