



### LEAVE OF ABSENCE

# New York Paid Family Leave Waiver

## INFORMATION FOR HOURLY AND SALARIED ASSOCIATES INTERESTED IN OPTING OUT OF THE NY PAID FAMILY LEAVE MANDATED STATE BENEFIT

**Steps to assist an associate with deciding whether to opt out of New York Paid Family Leave benefits:**

### IMPORTANT INFORMATION TO SHARE WITH ASSOCIATES

Advise associates Paid Family Leave is a mandatory, associate-funded program. Associates who work in New York State will see a small charge for this in their paychecks. The associate's contribution (deduction) is based on the associates' wages. The maximum contribution is 0.126% of an associate's weekly wage, up to \$1.65 per week. You can use the calculator at [ny.gov/PFLcalculator](https://ny.gov/PFLcalculator) to get an estimate of a weekly deduction.

**Example:** If an associate's weekly wage amounts to \$300.00, the payroll deduction would be \$.38 for the week.

Refer the associate to the Rights & Responsibilities located at **WIRE** > me@walmart > Time Off Center > Leave of Absence Toolkit > New York.

In limited circumstances, associates may opt out of the benefit, as well as the payroll deduction. Associates may also revoke the waiver at any time to participate. Associates can apply for a waiver to opt out of the NY Paid Family Leave program if:

- They regularly work **20 hours a week or more**, and will not work for the company for **26 weeks; or**
- They regularly work less than **20 hours a week**, and will not work for **175 days** in a 52-week period.

### CONFIRM SCHEDULE

Confirm the schedule reported by the associate with your facility manager or an associate that the facility manager has designated. Some associates will have set schedules and a determination will be simply determining the hours. Associate availability and customer needs will influence the schedule for some associates. This will be determined at the facility level on a case by case basis.

Stress the importance of providing accurate schedule information. Also, explain that the waiver must be based on the hours and days the associate may be expected to work under their current schedule, and cannot be based on future possible scenarios. For example, while an associate may be terminated or resign before becoming eligible, a waiver cannot be requested based on those possibilities. In addition, an associate cannot opt out simply to avoid the required payroll deductions. Please also note, the associate is not just opting out of the payroll deductions, but is also waiving the benefit. So, the waiver could affect their right to obtain benefits, even if the associate becomes eligible.

If the associate's schedule changes, and the associate is expected to become eligible, the waiver is **automatically** revoked and retro contributions back to date of hire may be collected from the associate within eight weeks of the schedule change. (Associates will receive a letter before contributions are deducted from pay.)



Some examples of associates not eligible for a waiver include:

- A salaried member of management. A salaried member of management who does not have a termination date and is expected to work through the full 26 weeks. The associate cannot claim an intention to resign before reaching 26 weeks. Remember, the waiver is based on the position expectations, not the associate's intentions.
- A part-time associate who is scheduled for 16 hours each week working Thursday, Friday, Saturday, and Sunday. This associate will average four days per week X 52 weeks = 208 days. The associate works less than 20 hours, but will work more than the 175 days required to opt out. The days do not have to be consecutive to be included in the calculation.

Some examples of associates **eligible** for a waiver include:

- A seasonal associate hired to work only during the holiday season. This associate is not expected to work more than 175 days or 26 weeks. Note: if the associate is moved to part-time or full-time, their waiver may be revoked.
- A part-time associate who is scheduled for 16 hours each week with availability on Saturday and Sunday only. This associate will average 2 days per week X 52 weeks = 104 days. The associate will not reach 175 days in 52 weeks. Please note, the associate will become eligible for PFL after 175 days, even if it takes more than 52 weeks to work 175 days, but the waiver will remain in effect and no benefits will be provided unless the waiver is revoked.
- NOTE: the test is the number of days the associate works, which is the determining factor for waiver eligibility.

## PROVIDE THE ASSOCIATE WITH THE WAIVER FORM

If the associate wants to opt out and is determined eligible, advise the associate the waiver will be submitted and may be revoked by the associate at any time, if the associate wishes to participate in New York Paid Family Leave.

### IMPORTANT ACTION: SUBMIT THE WAIVER

1. Open the waiver form online by going to the form at **WIRE** > me@walmart > Time Off Center > Leave of Absence Toolkit > New York > Waiver

2. Complete the following sections:
  - a. SSN (top right corner)
  - b. Employee Information (both sections)
  - c. Employee Affirmation
3. Print completed waiver for signatures. The associate will sign as well as the facility manager or person designated.
4. Advise associate any waiver will be effective the following pay period.
5. Fax the waiver to People Services at [479-204-9579](tel:479-204-9579). Waivers will need to be submitted by Friday before payroll ends to be effective next payroll. (People Services will ensure the associate is opted out of the system for both Walmart and eCommerce).
6. File the original waiver in the associate's personnel file (not medical file).

Note: Associate cannot "refile" waiver multiple times. If a waiver is revoked, the associate continues to be eligible and; therefore, not eligible for the waiver. Exceptions may include someone who is terminated and rehired into a different position.

## REVOKING THE WAIVER

If an associate decides to revoke a waiver, provide the associate the original waiver. The associate should write REVOKED at the bottom of the form and sign and date.

You must fax the revoked waiver to [479-204-9579](tel:479-204-9579). Revoked waivers will need to be submitted by Friday before payroll ends to be effective next payroll. File the revoked waiver in the associate's personnel file (not medical file).



The Leave of Absence Toolkit for associates offers information about the Paid Family Leave process, plus links to related tools and information on [WalmartOne.com/LOA](https://WalmartOne.com/LOA).

Policies for these programs are available under the Resources Guide.



**Paid Family  
Leave**

**ASSOCIATE SSN:**  
(Required; Do Not Enter Dashes)

**EMPLOYEE OPT-OUT OF PAID FAMILY LEAVE BENEFITS**

**Attention Walmart Personnel Associate: Complete, Print, and Fax Waiver to People Services at (479) 204-9579.**

Information on the option to opt-out of paid family leave and directions for completing this form can be found on page 2.

Employer Information	
1. EMPLOYER'S LEGAL NAME, INCLUDING (DBA/AKA/TA) Walmart Associates, Inc.	
2. ADDRESS 702 SW 8th Street	4. EMPLOYER FEIN 71-0794409
3. CITY, STATE and ZIP CODE Bentonville, AR 72716	5. TELEPHONE NUMBER (800) 421-1362
Employee Information	
6. EMPLOYEE NAME	
7. HOME ADDRESS	
8. CITY, STATE and ZIP CODE	9. TELEPHONE NUMBER
Employment Information	
10. AVERAGE NUMBER OF HOURS WORKED PER WEEK (BASED ON LAST 8 WEEKS)	12. IS THIS JOB TEMPORARY? <input type="checkbox"/> YES <input type="checkbox"/> NO
11. AVERAGE NUMBER OF DAYS WORKED PER WEEK (BASED ON LAST 8 WEEKS)	13. IF YES, HOW LONG IS THE JOB EXPECTED TO LAST?
Employee Affirmation	
1. I would like to waive paid family leave coverage at this time. I do so (select one): <input type="checkbox"/> I regularly work 20 hours or more per week but will not work 26 consecutive weeks (6 months) for this employer. <input type="checkbox"/> I regularly work less than 20 hours per week but will not work 175 days in 52 consecutive weeks (a year) for this employer.	
2. I understand that this waiver is revocable if my work schedule changes and it is anticipated I will work more than 20 hours per week for 6 months, or will work less than 20 hours per week for at least 175 days in a 52 consecutive week period (1 year).	
3. I understand that this waiver is <b>OPTIONAL AND REVOCABLE</b> . (a) My employer may not force me to opt-out of paid family leave benefits. (b) I may decide later to revoke this waiver even if my schedule does not change.	
4. I also understand if this waiver is revoked (either by me or by a change in my work schedule), my employer may take retroactive deductions for the period of time I was covered by this waiver, and this period of time counts towards my eligibility for paid family leave.	
Certification	
I certify to the best of my knowledge the foregoing statements are complete and true.	
Employer's Signature: _____	Date Signed: _____
Employee's Signature: _____	Date Signed: _____

**Please note:** Employer must keep a copy of the fully executed waiver on file for as long as the employee remains in employment with the covered employer.