



BRIDGE ELECTION for PAID PARENTAL LEAVE*¹

(To be completed and submitted by the employee to the Chair/Unit Head **and** Human Resources Director)

Name: _____

Job Title: _____ Department/Unit: _____

Home Address: _____

Phone: (H) _____ (O) _____ (C) _____

Email: _____

I affirm that I have reviewed the PPL Policy, which is available in its entirety at <http://www.cuny.edu/about/administration/offices/lr/resources.html>. I understand that, absent a “bridge”, the period of my PPL will count as service for purposes of tenure, CCE or CCAS.

I understand that I must meet the eligibility requirements for the bridge option set forth in Section 6 of the PPL policy in order to exercise this bridge election.

I understand that this election form must be submitted to my Chair/Unit Head **and** the HR Director **within 90 calendar days following the birth or placement for adoption** of my child in order for my election to be valid. (I have attached proof of my child’s birth or placement for adoption.)

I understand that this election to bridge is **irrevocable**.

I understand that no one is authorized to alter any of these terms.

I hereby elect to have the period of my PPL serve as a bridge for purposes of tenure, CCE or CCAS, in accordance with Section 6 of the PPL Policy.

Signature: _____

Date: _____

FOR OFFICE USE ONLY:

Date Election Form Received by HR: _____

Date of Birth or Adoption: _____

Employee Confirmed Eligible for Bridge Election: []

¹ The Paid Parental Leave Policy and the Continuation of Paid Parental Leave Policy (PPL Policy) are available on the University’s website at <http://www.cuny.edu/about/administration/offices/lr/resources.html>. The Policy is applicable to certain employees (PSC Members) who are eligible for tenure, certificate of continuous employment (“CCE”) or Certificate of Continual Administrative Services (“CCAS” or “13.3b”).