



# NOTICE TO EMPLOYEES

Paid Family Leave Insurance Coverage Provided by:

THE STATE INSURANCE FUND

Covering Employees of:

LEIDOS INC

## **Paid Family Leave is insurance that provides job protected paid time off to:**

- **Bond** with a newly born, adopted, or fostered child
- **Care** for a family member with a serious health condition
- **Assist** loved ones when a family member is deployed abroad on active military service

## **How to File:**

- **Notify** your employer at least 30 days in advance, if foreseeable, or as soon as possible
- **Submit** the Request for Paid Family Leave form to your employer
- **Complete** and attach the additional documentation as instructed on the request form and submit to the insurance carrier listed below

**Employers should NEVER discriminate or retaliate against anyone who requests or takes leave**

FOR MORE INFORMATION AND HELP:  
Visit [ny.gov/PaidFamilyLeave](https://ny.gov/PaidFamilyLeave)  
or call (844) 337-6303

*You can get forms to take Paid Family Leave from*

- Your employer,
- The insurance carrier below, or
- [ny.gov/PaidFamilyLeave](https://ny.gov/PaidFamilyLeave)

**New York State Insurance Fund  
NYSIF Document Control Center-Disability Underwriting  
1 Watervliet Ave Ext, Albany, NY 12206  
(866) 697-4332**

Policy #: DB 5019 29-5 Effective From: 03/03/2022 To: 03/03/2023

Statutory  Under a Plan or Agreement

Class(es) of Employees Covered:

All Eligible Employees

### **NOTICE OF COMPLIANCE**

PRESCRIBED BY THE CHAIR, WORKERS' COMPENSATION BOARD

THIS NOTICE MUST BE POSTED CONSPICUOUSLY IN AND ABOUT THE EMPLOYER'S PLACE OR PLACES OF BUSINESS.