

31-10 Thomson Avenue - Long Island City, NY 11101- Telephone (718) 482-7200

## BRIDGE ELECTION for PAID PARENTAL LEAVE\*1

Name:		
Job Title:	Department/Unit:	
Home Address:		
Phone: (H)	(O)	(C)
I understand that, absent CCAS.	eet the eligibility requirements for the	cy-UPDATED-JJuly-2020.pdf rill count as service for purposes of tenure, CCE or the bridge option set forth in Section 6 of the PPL
I understand that this elect	tion form must be submitted to my Ch	hair/Unit Head <u>and</u> the HR Director <u>within 90</u> n of my child in order for my election to be valid. (I ion.)
I understand that this elect	tion to bridge is <u>irrevocable</u> .	
I understand that no one is	s authorized to alter any of these terms	ıs.
I hereby elect to have the with Section 6 of the PPL Signature:	Policy.	or purposes of tenure, CCE or CCAS, in accordance  Date:
Date of Birth or Adoption	ved by HR:	

<sup>&</sup>lt;sup>1</sup> The Paid Parental Leave Policy and the Continuation of Paid Parental Leave Policy (PPL Policy) are available on the University's website at <a href="https://www.cuny.edu/wp-content/uploads/sites/4/media-assets/Paid-Parental-Leave-Policy-UPDATED-JJuly-2020.pdf">https://www.cuny.edu/wp-content/uploads/sites/4/media-assets/Paid-Parental-Leave-Policy-UPDATED-JJuly-2020.pdf</a>
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").