

Paid Famil

PART A - EMPLOYEE INFORMATION (to be completed by the employee)

The employee requesting PFL must complete all required information.

Paid Family Leave (PFL) Request (to be completed by the employee)

Question 12: Provide information regarding your current employer, including company name, address, and contact details.

Questions 13: Provide information regarding your current compensation, including gross weekly wage, overtime pay, and commissions.

Employment Information (to be completed by the employee)

Question 16: Provide information regarding your current employment status and dates of employment.

Question 18: Provide information regarding your current compensation, including gross weekly wage, overtime pay, and commissions.

Step 1: Instructions for calculating bonuses and/or commissions.

Step 2: Instructions for calculating overtime pay.

Step 3: Instructions for calculating the total PFL benefit.

Additional instructions and definitions for the PFL request form.

- A list of symbols and definitions used in the form, such as 'Á' for the employee's name, '€' for the dollar sign, and 'Á' for the employee's address.



PART B - EMPLOYER INFORMATION (to be completed by the employer)

Question 2: Aŋ-ææÛ [&ææ|ÀÛ&~!ac^ÁP~ { à^!Àá•Á~•^á- [!Ác@^Á
Ø^á!æ|ÁÖ {]| [^!ÁQá^ } cá, &æcá [} ÁP~ { à^!ÁÇØÖQDÉÁ^ } c^!Ác@^Á
Û [&ææ|ÀU^&~!ac^ÁP~ { à^!É

Question 3: ÁÖ } c^!Ác@^Á {]| [^!q•ÁUcæ } áæ!áÁQ } á~•ciææ|Á
Ô|æ••á, &æcá [} ÁÇÛQÖDÁÖ [á^ÉÁÖ [} cæ&cá^ [~!Á&æ!iá^!Áá-Á^ [~Áá [} qcÁ
 \ } [, Á^ [~!ÁÛQÖÁ& [á^É

Question 8: ÁV@^Á {]| [^!Á [&&~] æcá [} Á& [á^!Á&æ } Áà^Á- [~ } áÁ
æcKÁ , Éà-É* [ÇD• [&DGEF] D { æb [!~*! [~] •É@c {

Question 9: ÁÖ } c^!Ác@^Á , æ*^Á^æ! } Ááà^Ác@^Á {]| [^!Á
á~!á } *Ác@^Á|æ•cÁ^á* @cÁ , ^!Á } !^&^áá } *Ác@^ÁÛØSÁ } cæ!cááæc^ÉÁ
V@^Á*! [••Áæ [[~ } cÁ] æiáÁá•Ác@^Á {]| [^!q•Á*! [••Á , ^! \ | ^Á
] æ^ÉÁ } &| ~áá } *Áæ } ^Á [Ç^!cá { ^!Áæ } áÁcá } •Á^æ! } ^!á- [!Ác@æcÁ
 , ^! \ ÉÁ] | ~•Ác@^Á , ^! \ | ^Á] : [!æc^áÁæ { [~ } cÁ [-Áæ } ^!Áà [] ~•Á [!Á
& [{ { á••á [} Á!^&^áÇ^áá~!á } *Ác@^Á!^&^áá } *Á [GÁ , ^! \ , ÉÁÇØ [!Á
á^cæá|Áá•c^ } •ÉÁ•^ÁÛ~^•cá [] ÁF!Á•cæ!cá } *Á [] Á } æ*^ÁFÁ [-Ác@^Á
á } •c!~ &cá [] •ÉDÁÖæ|&~|æc^Ác@^Á*! [••ÁæÇ^!æ*^Á , ^! \ | ^Á , æ*^Áá~Á
æááá } *Á~] Ác@^Á*! [••Áæ { [~ } c•Á] æiáÉÁæ } áÁc@^Á } Ááçç!á^Á~Á^á* @cÁ
Ç [!Á] ~ { à^!Á [-Á , ^! \ , Á , [! \ áÁ-Á| ^••Ác@æ } Á^á* @cDÉ

Question 10: ÁÖæá~!^Ác [Á•^!^&cÁ%ÿ^•+Á- [!Á!^~^•cá } *Á
!^á { à~!•^ { ^ } cÁ-! [{ Ác@^Áá } •~!æ } &^Á&æ!iá^!ÉÁ , á||Á!^•|cÁá } ÁæÁ
 , æáÇ^!Á [-Ác@^Á!á* @cÁc [Á!^á { à~!•^ { ^ } cÉ

Question 11a: ÁÖÖá•æà|áç^qÁ!^!•Ác [ÁPÿÛÁ•cæc~c [!^Á!^~^!Áá
áá•æà|áç^ÉÁQ-Ác@^Áæ } • , ^!Áá•Á% [] } ^É+Á^ } c^!ÁæÁ%€+Á- [!Ác [cæ|Á , ^! \ •Á
æ } áÁáæ^•Áá } ÁÛ~^•cá [] ÁFGáÉ

Question 11b: ÁV@^Á { æçá { ~ { Á } ~ { à^!Á [-Á , ^! \ •Áæçæ|æà|Á
- [!ÁPÿÛÁ•cæc~c [!^Ááá•æà|áç^Áæ } áÁÛØSÁ } Áæ } ^Á [GÁ , ^! \ Á] ^!á [áÁ
á•ÁG!Á , ^! \ •ÉÁÛ] ^!á-^Ác@^Ác [cæ|Á] ~ { à^!Á [-Á , ^! \ •ÉÁæ•Á , ^! | Áæ•Á
c@^Á } ~ { à^!Á [-Áæááçá [] æ|Ááæ^•Áá-Ác@^Á| ^æÇ^Áá } &| ~á^•ÁæÁ] æ!cáæ|Á
 , ^! \ ÉÁcæ \ ^ } Á- [!ÁPÿÛÁ•cæc~c [!^Ááá•æà|áç^Áæ } áÁÛØSÁá~!á } *Ác@^Á
] !^&^áá } *Á [GÁ , ^! \ •É

Question 13, 14 & 15:



Form PFL-1 continued from prior page

Employment Information (to be completed by the employee)

15. Business name

16. Employee's date of hire

17.

TO BE COMPLETED BY THE EMPLOYEE

Employee's name (first name, middle initial, last name)

Employee's date of birth

PART B - EMPLOYER INFORMATION

Form PFL-1 continued from prior page

11a. In the preceding 52 weeks has the employee taken leave for: PFL Both Disability and PFL

11b. Enter the total number of weeks and days taken for both Disability and PFL in the last 52 weeks:

Disability:	<input type="text"/>	Please provide specific dates for Disability: <input type="text"/>
	<input type="text"/>	

PFL:	<input type="text"/>	Please provide specific dates for PFL: <input type="text"/>
	<input type="text"/>	

12. Is the employee taking Family Medical Leave Act (FMLA) concurrently with PFL?

13. PFL insurance carrier's name and mailing address

PFL insurance carrier's name

<input type="text"/>	<input type="text"/>	Country (if not U.S.A.)
----------------------	----------------------	-------------------------

14. PFL insurance carrier's telephone number () -

15. PFL policy number

Declaration and signature

I am the person authorized to sign as the employer of the employee requesting PFL. My signature affirms that to the best of my knowledge and belief, the information I have provided is true and accurate.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing

which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I am the person authorized to sign as the employer of the employee requesting PFL. My signature affirms that to the best of my knowledge and belief, the information I have provided is true and accurate.

____ / ____ / _____