

Connecticut Paid Leave Employment Verification



Instructions to the employer: Please complete the following information and return to Aflac within **10 calendar days** of receipt of this form. You can send it by email CTPFL@Aflac.com or **fax to (888) 485-0973**.

Section 1: Applicant's Leave Information *(to be completed by the Applicant or the Employer)*

| | | |
|---|--------------------------|--------------------|
| First Name: | Last Name: | Date of Birth: |
| Last 4 Digits of SSN: | Beginning Date of Leave: | End Date of Leave: |
| Leave Type: <input type="checkbox"/> Continuous <input type="checkbox"/> Intermittent <input type="checkbox"/> Reduced schedule | | Case Number: |
| Reason for Leave: <input type="checkbox"/> Employee's own serious health condition <input type="checkbox"/> Caregiver leave <input type="checkbox"/> Bonding leave <input type="checkbox"/> Military caregiver leave <input type="checkbox"/> Qualifying exigency leave <input type="checkbox"/> Family violence leave | | |

Section 2: Employer Information *(to be completed by the Employer)*

| | | |
|-----------------------|----------------|-----------|
| Employer Name: | | |
| Address: | | |
| City: | State: | Zip Code: |
| Contact Name: | FEIN: | |
| Contact Phone Number: | Contact Email: | |

If one of the following categories is applicable, check the appropriate box and return the form to Aflac without completing the remaining sections of the form:

- Federal Government
 Railroad
 Private Elementary or Secondary School
 Sovereign Nation
 Government of another state
 Non-contributing employee of a Municipality or a Board of Education
 Non-contributing employee of CT State Government

Section 3: Applicant's Income and Work Schedule *(to be completed by the Employer)*

| | | |
|---|-----------------------|--|
| Employee's Rate of Pay (e.g., \$13/hour or \$800/week): | Employee's Hire Date: | Date of employee's separation from employment (if applicable): |
|---|-----------------------|--|

Please select the work days that the employee **typically** works

- Sunday
 Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday

A "workweek" is the employee's usual or normal schedule (hours per week). If the employee has a standard workweek (e.g., 40 hours/week, or 24 hours/week) please provide that schedule:

If the employee's workweek varies from week to week, please state the hours worked in each of the 12 weeks prior to the receipt of this form or prior to the start of leave, whichever occurs first (including any overtime worked), **plus** any hours for which the employee took any paid time off:

| | | | |
|---------|----------|----------|----------|
| Week 1: | Week 2: | Week 3: | Week 4: |
| Week 5: | Week 6: | Week 7: | Week 8: |
| Week 9: | Week 10: | Week 11: | Week 12: |

Section 4: Scheduled Closures *(to be completed by the Employer)*

For the requested leave period, please provide the dates of any Company holidays or other scheduled closures or shutdowns during which the employee would not ordinarily be expected to work if not on leave:

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| | | |
|-------------------------|------------------------|--------------|
| Applicant's First Name: | Applicant's Last Name: | Case Number: |
|-------------------------|------------------------|--------------|

Section 5: Other Potential Sources of Income (to be completed by the Employer)

Has the employee **applied** for Worker's Compensation benefits? Yes No

- If Yes, have the Worker's Compensation benefits been **approved**? Yes No
 - If Yes, please indicate the dates for which the employee is approved to receive Worker's Compensation Benefits:
To: _____ From: _____

"Income-replacement benefits" refers to employer-provided sources of income to the employee, including sick leave, vacation leave, paid time off, disability benefits, etc. **Please indicate which of the following applies to the employee (please check all that apply):**

- Employee will not receive any employer-provided income-replacement benefits while on leave.
- Employee will receive employer-provided income-replacement benefits equal to the employee's regular wages for the entire duration of the employee's leave.
- Employee will receive employer-provided income-replacement benefits that are equal to the employee's regular wages for a portion of the employee's leave.
Please indicate the date the employee will stop receiving such income-replacement benefits: _____
- Employee will receive employer-provided income-replacement benefits that are less than the employee's regular wages for some or all of the employee's leave.
Please indicate if the employer-provided income-replacement benefits are:
 primary - the benefit payment duration and amount will be the same whether or not CTPL benefits are payable
 secondary – the benefit payment will be delayed or reduced if CTPL benefits are payable
 If the employer-provided income-replacement benefits are **primary**, what percentage of the employee's wages will be paid and for how long? Percentage: _____ Duration: _____
 If percentage will change over time, please indicate separate percentages on each line below as applicable:
 Percentage: _____ Duration: _____
 Percentage: _____ Duration: _____
If the income-replacement benefits are secondary, CT Paid Leave delegates to the employer the responsibility for complying with the statutory requirement that the sum of the CT Paid Leave benefits plus employer-provided benefits does not exceed 100% of the employee's regular wages.

Section 6: Leaves Requiring Additional Employer Approval (to be completed by the Employer)

Complete only if Intermittent or Reduced Schedule Bonding Leave is requested by the employee:
 Have you approved your employee to take intermittent leave or reduced schedule leave for the purpose of bonding with a newborn or newly adopted child or newly placed foster child? Yes No
 If **Yes**, please describe the timing, frequency and duration of intermittent leave or change in schedule (e.g., leave taken 2 days/month, schedule reduced by 15%): _____

Complete only if Qualifying Exigency Leave for an "other approved reason" is requested by the employee:
 Have you approved your employee to take qualifying exigency leave for a reason other than leave to address short-notice deployment, military events and related activities, emergency childcare or parental care, financial and legal arrangements, counseling, covered servicemember's rest and recuperation, post-deployment activities? Yes No
 If **Yes**, please describe the timing, frequency and duration of such qualifying exigency leave, (e.g., leave taken 2 days/month, schedule reduced by 15%): _____

Section 7: Employer Declaration and Signature

Under penalties of perjury, I declare that to the best of my knowledge and belief, the information contained herein is true, correct, and complete. Any false statements or other failure to provide truthful, accurate, and complete information may result in monetary and other penalties as well as the possibility of criminal prosecution.

| | |
|---------------------|--------------|
| Signature | Date |
| Printed Name | Title |