



Employment Verification Form: Job Aid

The **Employment Verification Form** is a vital part of the decision process for every paid leave claim. The completed form is necessary to verify:

- the applicant's eligibility for the program,
- the applicant's normal work schedule,
- the amount of paid leave to be utilized,
- Additionally, the form is used to determine whether other income (such as the use of accrued paid time off or receipt of short-term disability) may affect the Connecticut Paid Leave compensation.

IMPORTANT NOTES PRIOR TO COMPLETING THE EMPLOYMENT VERIFICATION FORM

- If the employee has more than one employer, all of the employers that participate in the public Connecticut Paid Leave Program must complete the Employment Verification form. This also includes former employers if the employee is no longer employed with that employer but is applying for paid leave within the 12 weeks following the last day that they were employed.
- We require a completed form from all employers even if the employee does not plan on taking leave from one of their current employers. One purpose of the Employment Verification Form is to establish the regular weekly schedule for an employee. In addition, the total paid leave allowance is shared across all of an employee's covered employers. And because paid leave can be taken in less than one-week increments, if an employee is on leave from employment for part of their workweek, the Authority must determine the proportion of their full week such absence is equal to, and therefore how much their paid leave benefit should be reduced for that week.
 - For example, if an employee works Monday through Wednesday, eight hours a day, for one employer, and works Thursday and Friday, also eight hours per day, with another employer, their regular work week is Monday through Friday, five days a week. Even if the request is only for paid leave for Monday and Tuesday, the Authority would still need to verify the employee's schedule on all regular workdays, Monday through Friday, in order to establish that each day of absence is equal 1/5th of a full work week. The first employer would only be able to verify Monday, Tuesday, and Wednesday's schedule. The second employer is necessary to confirm Thursday and Friday, even though the employee is not absent on those days.



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IMPORTANT NOTES PRIOR TO COMPLETING THE EMPLOYMENT VERIFICATION FORM (CONTINUED)

- Employers who are not required to complete the Employment Verification Form include:
 - Employers exempt entirely from the CT Paid Leave Program (e.g. Federal Government employees, non-contributing municipalities).
 - Employers who are utilizing a private paid leave plan, pursuant to Conn. Gen. Stat. §31-49o, during the entire duration of the requested leave.
- Employers should fill out the form with information as of the date that the form is received, or the first date of the leave, whichever is earlier.
- Form should be returned to Aflac within 10 days of receipt.

HOW TO USE THIS JOB AID

- Fields that are marked with a ★ may be skipped if they do not apply
- Annotations are provided to assist you in filling out certain fields
- The form is not fillable until it is downloaded.
- If there are any additional questions about how to fill out the form, please reach out to the Authority using the [Contact Us](#) feature at ctpaidleave.org.

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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:
SSN:	Beginning date of leave:	End date of leave: ①
Leave type: ② <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: ③	
Contact phone number:	Contact email: ④	
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: ⑤ ★ <input type="checkbox"/> Federal Government <input type="checkbox"/> Railroad <input type="checkbox"/> Private Elementary or Secondary School <input type="checkbox"/> Sovereign Nation <input type="checkbox"/> Government of another state <input type="checkbox"/> Non-contributing employee of a Municipality or a Board of Education <input type="checkbox"/> Non-contributing employee of CT State Government		

NOTES

Section 1 – Employee Details – Can be completed by either the Employer or Employee, though the Employee may have an easier time completing it. These fields are necessary to assist the employer in filling out the form, to ensure that the correct employee's information is provided, and to assist the Authority in attaching the completed form to the correct claim.

① **End date of leave** may be the actual date or the estimated date.

② **Continuous Leave (Block Leave)** - A continuous absence for a single qualifying reason

Intermittent Leave - Leave taken in separate blocks of time, often in irregular intervals, due to single qualifying reason (e.g. absent up to 3 times per month).

Reduced Schedule Leave - A leave schedule that changes the employee's normal work schedule for a period of time by reducing the employee's usual number of working hours per workweek or hours per workday (e.g. absent for 3 hours every Monday morning).

Section 2 – Details about the Employer *(to be completed by the Employer)*

③ **FEIN** (Federal Employer Identification Number) – Can be found on the company's 5500 Form, and often is known by a company's Payroll, Finance or Accounting departments.

④ **Contact email** is necessary to provide notification of claim decisions and to reach out for any questions. When a request for paid leave is approved, the Authority will send a notification to the email listed, showing the approval, the leave type, start date and end date of the leave, and the weekly benefit amount.

⑤ This section is intended for employers who are exempt from participation in the CT Paid Leave Program. If the employer meets one of the listed categories, they can check the box and skip the remainder of the form that follows.

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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): 1	Employee's Hire Date:	Date of employee's separation from employment (if applicable): 2 ★
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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: **3**

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: **4** ★

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:

5

NOTES

Section 3 – Employee's Income and Schedule *(to be completed by the Employer)*

- 1** The **employee's regular rate of pay** should be provided, as of the date of the leave.
- 2** **Date of employee's separation from employment** is only necessary if they are no longer employed. This date should reflect the date that the employee was no longer employed (e.g. no longer on the employer's payroll), and should NOT reflect the last day worked (unless those two events occur on the same day).
 - 3** **4** Only one of these sections should be completed for each employee.
- 3** When an employee has a regular schedule (i.e. generally they work the same schedule each week) the box for should be completed. Overtime should only be included for this employee when it is part of their regular schedule.
- 4** When an employee does not have a regular schedule (i.e. generally, they work different days or hours each week), the box for item should be completed. Overtime should be included if it was utilized in the 12-week period immediately preceding the application for benefits. If the employee was not employed for the full 12 weeks prior to the form submission, the employer can provide only the weeks worked, and mark remaining weeks as "N/A".

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

- 5** If there are any dates that the employer would not expect the employee to work, due to a holiday or other scheduled closing, they should be noted here. The dates should be provided whether or not the employee will be paid by the employer for those dates. If the employee would have been expected to work on the holiday or date of closure, then do not include it here.

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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. 1

Employee will receive employer-provided income-replacement benefits equal to the employee's regular wages for the entire duration of the employee's leave. 2

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. 3

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. 4

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.

NOTES

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

1 This area should be checked off only if the employee is not receiving wage replacement under any employer-provided employment benefits (e.g. use of accrued paid time off, short term disability). If this box is selected, then none of the next 3 boxes should be checked off.

2 This box would reflect that the employee will not see a reduction in employer provided wages during their leave. In other words, they would have their full salary continued for the duration of the requested leave. It is unlikely that an employee would have this box checked off at the same time as other boxes unless the employee was eligible to receive greater benefits while on leave than they received while working.

3 This box would reflect full wage replacement provided by the employer, but only for a portion of the time that the leave is requested. For example, the employer provides up to 2 weeks of 100% of full salary for parental leave, but the employee is requesting paid leave for 6 weeks. Note: Pursuant to CT FMLA regulations, employers must allow their employees to retain up to two weeks of accrued paid time off if they would like to do so.

4 Typically, this field applies to benefits such as the employer's own Short-term Disability coverage or other benefits that replace less than the employee's full salary. Most Short-term Disability plans are secondary payers, i.e. they will reduce their benefits based on the other income that the employee is receiving. It is rare, but not impossible, that such benefit plans are primary payers, i.e. will pay the same benefit regardless of other income that the employee is receiving. If the plan is provided through a third-party, the plan documents or the plan's account representative may be of assistance in determining whether such benefits are primary or secondary.

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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%):



1

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%):



2

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.

Signature

3

Date

Printed Name

Title

NOTES

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

1

Intermittent or Reduced Schedule Leave for bonding is allowed only if the Employer agrees to it. This field captures whether the employer is approving that request, and the parameters of that approval. If an employer does not approve of Intermittent or Reduced Schedule Leave for bonding, then they should select No.

2

Qualifying Exigency Leave is allowed for specific listed reasons, found in 29 CFR 825.126(b)(1) through (8). There is another option available, for additional activities that are agreed upon by the employer and employee as a qualifying exigency. This field captures whether the employer and employee have reached such an agreement, and the parameters of that agreement. If an employer does not approve of a non-listed activity, then they should select No.

3

You will be able to "draw" your signature into the signature field using your cursor.