



Date:

Name  
Address  
City, State Zip

Leave Date:  
Leave Type:  
Claim #:

When on intermittent Paid Family Leave (PFL), **you must submit the day(s) you took as PFL to the carrier after they are taken and within 30 days of taking them.** You are responsible to keep track of these dates, have the dates certified by your employer and submit to our office for evaluation. Once you have your day(s) documented, and have your employer certification, submit to us via email, fax, or mail. Make copies of this blank form for future dates.

#### CLAIMANT CERTIFICATION OF INTERMITTENT DAYS TAKEN

I have taken the following day(s) of PFL that were approved by my employer:

Date(s) of Leave Taken	Confirm a Full Day Was Taken	
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Signature	E-Mail	Phone	Date
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#### EMPLOYER CERTIFICATION OF INTERMITTENT DAYS TAKEN

If any of the above days were salary continuance and you are requesting reimbursement **check here** , and highlight which days the company should be reimbursed for.

I certify that the above day(s) were regularly scheduled work day(s) that the above employee took the full day off for PFL. I further certify none of these days were a paid holiday, paid sick day or any other type of paid day(s) off.

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Print Name	Signature	Date
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Position	Phone Number and Ext if applicable	Email
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