



Employment Verification Form for Sole-Proprietors and Self-Employed Individuals: Job Aid

The Employment Verification Form is a vital part of the decision process of every paid leave claim. The completed form is necessary for multiple reasons, including to verify the applicant's eligibility for the program, to establish the normal work schedule for the employee and the amount of paid leave utilized, and to determine whether other income may affect the paid leave compensation.

- The form must be completed by all of the employee's employers that participate in the public Connecticut Paid Leave Program, including their sole-proprietorships or their own self-employment, if they enrolled in the Connecticut Paid Leave program pursuant to Conn. Gen. Stat. §31-49m.
- The need for a completed form from all employers exists even if the employee does not plan on taking leave from one of their current employers. One of the purposes of the Employment Verification Form is to establish the regular weekly schedule for an employee, which is critical in establishing the pro-rata leave utilization for the employee. An employee's entitlement to paid leave is generally equal to 12 full workweeks of leave (with some exceptions). Leave can be taken in less than one-week increments and is shared across all of the employee's covered employers. 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 of their paid leave allowance should be reduced for that week.
- Self-employed Individuals or Sole-Proprietorships that are not enrolled in the paid leave program are not required to complete the form.
- The form should be completed 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 calendar days of receipt.

How to use this Job Aid:

- Fields that include a ★ are not required fields and may be skipped if they do not apply.
- Annotations are provided to assist with certain fields.
- The form will not be fillable until it is downloaded.
- You will be able to use your cursor to "draw" your signature in Section 5.
- If there are any additional questions about how to fill out the form, please reach out to the Authority via the "[Contact Us](#)" option at ctpaidleave.org.

Section 1

Complete the Employment Verification form.

Section 1: Applicant's Leave Information		
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"/> 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		
Please confirm that you are enrolled in the Connecticut Paid Leave program: <input type="checkbox"/> Yes <input type="checkbox"/> No 3		

Notes:

Section 1: Applicant's Leave Information

This section is necessary to ensure that this form is attached 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.
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).
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).
- 3 To be eligible for paid leave benefits through the Connecticut Paid Leave Program, Sole-Proprietors or Self-Employed Individuals must have already enrolled in the program pursuant to Conn. Gen. Stat. §31-49m. There may be a waiting period following the enrollment before an individual is eligible to receive benefits.

Section 2 and Section 3

Section 2: Company Information and Work Schedule			
Company Name:	Address:		
City:	State:	Zip code:	
Company established date:	Date of termination of Company (if applicable): 1		
Please select the work days that you typically work			
<input type="checkbox"/> Sunday <input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> Saturday			
A "workweek" is your usual or normal schedule (hours per week). If you have a standard workweek (e.g., 40 hours/week, or 24 hours/week) please provide that schedule: 2			
If your workweek varies from week to week, please state the hours worked in each of the 12 weeks prior to your leave request or prior to the start of leave, whichever occurs first (including any overtime worked), plus any hours for which you took any paid time off: 3 ★			
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 3: Income			
Please attach your last 2 years (as applicable) of your Schedule C 1040 forms or Schedule SE forms.			

Notes:

Section 2 – Company Information and Work Schedule

- 1 If your company is shutting down, please indicate the date in this field.
- 2, 3 Only one of these sections should be completed for each form.

When individuals have a regular schedule (i.e., they generally work the same schedule each week) the box for item 2 should be completed. Overtime should only be included for these employees when it is part of their regular schedule.

When individuals do not have a regular schedule (i.e., they generally work different days or hours each week), the box for item 3 should be completed for each of the prior 12 weeks. Overtime should be included if it was utilized in the 12-week period.

Section 3 – Income

Attached to the form should be the most recent tax forms for your Sole-Proprietorship or Self-Employment, typically your Schedule C and/or Schedule SE forms. Such forms are necessary to determine both the eligibility for the paid leave program and the base weekly benefit from which paid leave compensation is calculated.

Section 4

Section 4: Other Potential Sources of Income

Have you **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 you are approved to receive Worker's Compensation Benefits:

To:

From:

"Income-replacement benefits" refers to sources of income that are funded through your organization, including sick leave, vacation leave, paid time off, disability benefits, etc.

Please indicate which of the following applies to you (please check all that apply):

I will not receive any income-replacement benefits while on leave. **1**

I will receive income-replacement benefits equal to my regular wages for the entire duration of my leave. **2**

I will receive income-replacement benefits that are equal to my regular wages for a portion of my leave.
Please indicate the date you will stop receiving such income-replacement benefits: _____ **3**

I will receive income-replacement benefits that are less than my regular wages for some or all my leave.
Please indicate if the income-replacement benefits are: **4**

- 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 income-replacement benefits are **primary**, what percentage of your 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 you the responsibility for complying with the statutory requirement that the sum of the CT Paid Leave benefits plus other income-replacement benefits does not exceed 100% of your regular wages.

Notes:

Section 4 – Other Potential Sources of Income (This section is important to determine what other benefits may impact the paid leave compensation.)

1 This first section should be selected only if you are not receiving wage replacement under any of your own company-provided employment benefits. If this box is selected, then none of the other 3 boxes should be checked off.

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

3 This box would reflect full wage replacement, but only for a portion of the period of time that the leave is requested. For example, if your company provides you up to 2 weeks at 100% of full salary for parental leave, but you are requesting paid leave for 6 weeks.

4 Typically, this field applies to benefits such as the company's Short-term Disability coverage or other benefits that replace less than your full salary. Most Short-term Disability plans are secondary payers, i.e., they will reduce their benefits based on the other income that an individual 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 an individual is receiving. If the plan is provided through a third-party, you may consult your plan documents or your plan's account representative for assistance in determining whether such benefits are primary or secondary.

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