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 to 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 the information as of the date that the form is received, or the first date of 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 Employment Verification 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.

Employment Verification Form:

Page 1, Sections 1 and 2

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: 1
Leave Type: 2 ☐ Continuous ☐ Intermittent ☐ Reduced schedule		Case Number:

Reason for Leave: ☐ Employee's own serious health condition ☐ Caregiver leave ☐ Bonding leave ☐ Military caregiver leave ☐ Qualifying exigency leave ☐ Safe leave ☐ Pregnancy/Childbirth

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 ★

☐ Federal Government ☐ Railroad ☐ Government of another state ☐ Non-contributing employee of a Municipality, Board of Education or Sovereign Nation ☐ 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 a 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 usual number of working hours per workweek or 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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Pages 1 and 2, Sections 3 and 4

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 ★

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:

If the employee is not taking paid leave with this employer, please check this box ☐ and only complete sections 1-3, section 6 and submit back to Aflac.

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

For the requested leave period, please provide the specific 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 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 the 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) check the boxes for the days the employee is typically scheduled to work and write in the total number of weekly hours the employee is scheduled for. 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), check boxes for the days the employee may be scheduled and total number of hours the employee is typically scheduled for. 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". If the employee's leave has already begun, please provide weekly hours worked plus any PTO hours in the 12 weeks preceding the first day of leave.

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.

Employment Verification Form:
Page 2, Section 5

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: Start: _____ End: _____

1

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

☐ 1. Employee will not receive any employer-provided income-replacement benefits while on leave.
Claim Impact: The claimant may receive their full CTPL weekly benefit entitlement.

2

☐ 2. Employee will receive employer-provided income-replacement benefits equal to the employee's regular wages for the entire duration of the employee's leave.
Claim Impact: The claim will not be payable due to receiving 100% income from their employer.

3

NOTES

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

1 **Workers' Compensation:** Select YES only if your employee has been approved to receive Workers Compensation income replacement payments for work hours or days missed, specifically Temporary total Disability (TTD) benefits. Provide the dates for which the employee is approved to receive Workers Compensation income replacement payments including start date and end date of approved payments.

Income-Replacement Benefits: This section seeks information about the income-replacement benefits that may be provided to the employee by the employer during the leave.

2 This area should be checked off only if the employee is not receiving any 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.

3 If you check this box, you are stating 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.

Connecticut Paid Leave

Employment Verification Form:
Page 2, Section 5 Continued

☐ 3. 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 last date the employee will receive such income-replacement benefits: _____ (4)

Claim Impact: The earliest CTPL claim benefits may be payable is the day after the date indicated above.

☐ 4. 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. (5)

Please indicate if the employer-provided income-replacement benefits are:

☐ **Primary** - Employer benefit payment duration and amount will be the same whether or not CTPL benefits are payable

What percentage of the employee's wages will be paid and for how long? (Please provide percentage of employee's gross wages, start and end dates of payments.)

Percentage: _____ Start: _____ End: _____

Percentage: _____ Start: _____ End: _____

Claim Impact: The weekly benefit rate will be reduced by the same % and duration indicated above so that CTPL does not exceed 100% of the employee's regular wages.

☐ **Secondary** - Employer benefit payment may be reduced by the CTPL benefit payments

Claim Impact: The weekly benefit rate will not be reduced by employer provided benefits; ***therefore, it is the employer's responsibility to comply 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.***

Any additional information regarding income-replacement benefits:

_____

NOTES

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

(4) If you check this box, you are stating that the employer will provide full wage replacement for only 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.

(5) If you check this box, you are stating that the employer will provide wage replacement at less than 100% of their regular wages for some or all of the leave. Typically, this field applies to benefits such as group Short-Term Disability coverage or other similar employer paid benefits.

Note: It is important you correctly identify if employer sponsored benefits are Primary or Secondary as it may affect the CTPL weekly benefit amount and duration paid to your employee.

Primary- Employer benefit payment duration and amount will be the same whether or not CTPL benefits are payable. Claim Impact: The CTPL weekly benefit rate will be reduced by the same % and duration of employer provided benefits.

Secondary-Employer benefit payment may be reduced by the CTPL benefit payments. Claim Impact: The CTPL weekly benefit rate will not be reduced by employer provided benefits.

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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Employment Verification Form:
Page 2, Section 6

Section 6: 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 1	**Date**
Printed Name	**Title**

NOTES

Section 6 -Employer Declaration and Signature *(to be completed by the Employer)*

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

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