

Employer's Report of Claim To be filled out by the employer.

Name of Employer:	
Phone Number: (with area code)	Fax Number: (with area code)
Mailing Address: (street, city, state, zip)	
Type of leave approved:	Dates approved: ☐ Intermittent ☐ Continuous
Approved leave period:	Wage earnings:
Any current breaks from work or anticipated future breaks from work that are unrelated to leave?:	

Employer Signature: _____ Date: _____