

## 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: <input type="checkbox"/> Intermittent or Reduced <input type="checkbox"/> 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: \_\_\_\_\_