**[Agency Letterhead]**

**Paid Family Leave Handoff Document**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee's Name Employee's Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Agency Employee's Salary

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Work Location Employee Reference Number

Employee requested Paid Family Leave for (Check one):

1. \_\_\_\_\_ Bond with Child \_\_\_\_\_\_ Care for family member \_\_\_\_\_\_ Military qualifying event

2. The family member is employee’s:

\_\_\_\_Child \_\_\_\_\_Spouse \_\_\_\_\_\_ Domestic Partner \_\_\_\_\_ Parent \_\_\_\_Parent-in-law

\_\_\_\_Grandparent \_\_\_\_\_Grandchild \_\_\_\_\_\_ Stepchild \_\_\_\_\_\_\_ Stepparent

3. \_\_\_\_ Check here if employee on a full-time schedule \_\_\_\_ Check here if employee on a part-time schedule

4. Will PFL be taken consecutively or intermittently?

Consecutively: PFL Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ PFL End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intermittently: Identify dates PFL will be taken:

Has the employee used FMLA during the rolling 12 months period? If so, how many days of FMLA remain? \_\_\_\_

Employee’s Start Date for PFL \_\_\_\_\_\_\_\_\_\_ Employee’s End Date for PFL\_\_\_\_\_\_\_\_\_\_

Leave Balances used: Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_\_\_

Type of Leave \_\_\_\_\_\_\_\_\_\_ Leave Hours \_\_\_\_\_\_\_\_\_

*Please adjust the fields for your agency processes as you deem fit. This form should be kept as part of your agency’s records.*