



Claimant's Name (Last, First, MI):

SSN:

**INTERMITTENT PAID FAMILY LEAVE SCHEDULE**

**THIS SCHEDULE IS TO BE COMPLETED WHEN THE EMPLOYEE IS TAKING INTERMITTENT LEAVE**

1. Write The Month And Year In The Space Provided. 2. Place An "X" In The Box For Each Day That Your Employee Has Been Or Will Be Absent From Work. 3. An Authorized Employer Representative Must Sign Below Confirming The Dates Entered.

Month _____		Year _____				
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

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Employer Name:

Employer Group Number:

Employer Representative (Printed Name):

Employer Signature (Required):

Date Signed: