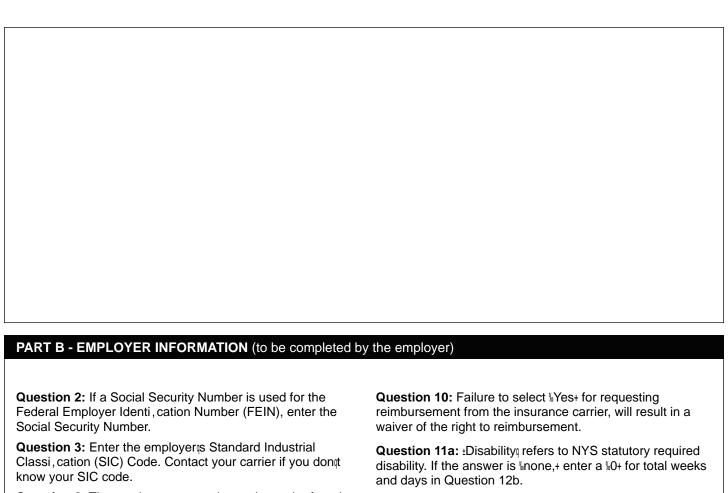
## **Paid Famil**



**Question 8:** The employee occupation code can be found at: <a href="https://www.bls.gov/soc/2018/major\_groups.htm">www.bls.gov/soc/2018/major\_groups.htm</a>

Question 9: Enter the wages earned by the employee during the last eight weeks preceding the PFL start date. The gross amount paid is the employees gross weekly pay, including any overtime and tips earned for that week, plus the weekly prorated amount of any bonus or commission received during the preceding 52 weeks. (For detailed steps, see Question 18 starting on page 1 of the instructions.) Calculate the gross average weekly wage by adding up the gross amounts paid, and then divide by eight (or number of weeks worked if less than eight).

**Question 11b:** The maximum number of weeks available for NYS statutory disability and PFL in any 52 week period is 26 weeks. Specify the total number of weeks, as well as the number of additional days if the leave includes a partial week, taken for NYS statutory disability and PFL during the preceding 52 weeks.

Question 13, 14 & 15:



For	m PFL-1 continued from prior page
	mployment Information (to be completed by the employee)  Business name
15.	Business name
16.	Employee's date of hire
17.	

T	B - EMPLOYER INF	ORMATION (to be comple	ted by the employer) - continued from prior page
PF	- - L-1 continued from prior p	page	
In	the preceding 52 weeks	s has the employee taken leav	e for: PFL Both Disability and PFL
E	nter the total number	of weeks and days taken fo	r both Disability and PFL in the last 52 weeks:
		Please provide speci	ifc dates for Disability:
	Disability:		
		Diseaseid	if a datas for DEL
		Please provide speci	TIC dates for PFL:
	PFL:		
PF		Family Medical Leave Act (Fi	MLA) concurrently with PFL?
۶F	L insurance carrier's		MLA) concurrently with PFL?
PF	L insurance carrier's	name and mailing address	
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PF PF ara UZ	EL insurance carrier's name EL insurance carrier's name EL insurance carrier's name EL policy number Exit a h\Y Y a d'cmYY fY [ nsecutive weeks OR the continue on who knowingly and with in the carrier's name.	name and mailing address  telephone number (  i `Uf`m kcf_g 20 cf a cfY \che employee regularly work ntent to defraud any insurance comp	ifg dYf kYY_ UbX \Ug VYYb ]b Yad`cmaYbh Zcf Uh`YUgh 26 as less than 20 hours per week and has worked at least 175 data any or other person fles an application for insurance or statement of claim continuous continuous per week and has worked at least 175 data any or other person fles an application for insurance or statement of claim continuous per week and has worked at least 175 data and possible to the continuous per week and has worked at least 175 data and possible to the continuous per week and has worked at least 175 data and possible to the continuous per week and has worked at least 175 data and possible to the continuous per week and has worked at least 175 data and possible to the continuous per week and has worked at least 175 data and possible to the continuous per week and has worked at least 175 data and possible to the continuous per week and has worked at least 175 data and possible to the continuous per week and has worked at least 175 data and possible to the continuous per week and has worked at least 175 data and possible to the continuous per week and has worked at least 175 data and possible to the continuous per week and has worked at least 175 data and possible to the continuous per week and has worked at least 175 data and possible to the continuous per week and has worked at least 175 data and possible to the continuous per week and possible to the continuou
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