



Guardian Insurance

Paid Leave Claims

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New York PFL -Leave Time Tracking Sheet

Insured Name:	
Plan Number:	

IMPORTANT: Please have your employer complete the following to confirm your reported Leave. Delay in processing of your claim could result if this form is submitted without the below employer confirmation .

Insured Name:	
Plan Number:	
Claim Number:	

EMPLOYER SECTION:

- 1) Are you paying the employee 100% of their full wages while they are on Leave? Yes No
 - a. If 'YES' please provide dates through
 - b. If full wages paid, are you requesting reimbursement? Yes No

- 2) Please confirm the employment status of the Employee Active 9e