

Use this form if you are currently employed by more than one employer.

Date of submission ____ / ____ / ____ (MM/DD/YYYY)

A. INFORMATION ABOUT THE CLAIMANT	
Last four of your SSN or ITIN	Last Name
B. INFORMATION ABOUT YOUR ADDITIONAL CURRENT EMPLOYER	
Use the main claim form (PFL-1) to provide information about one of your current employers. For any additional current employers, use this form. You must complete and submit this form for each additional current employer.	
Name of Your Employer's Business	
Your Worksite Address: Street	City State Zipcode
Job Title	
The name and job title of the person at your place of employment whom we should contact about your claim (examples: your supervisor, your Human Resources (HR) officer)	
Contact Person's Name	Contact Person's Job Title
Contact Person's Email Address	Contact Person's Phone Number
Yes No <input type="checkbox"/> <input type="checkbox"/> Are you currently employed by the employer listed above?	

I certify that the information I have provided on this application is true and complete.

Signature: _____ Date: _____