

Use this form if you are submitting an application for intermittent (part-time) leave benefits.

**A. INFORMATION ABOUT THE CLAIMANT**

Last four of your SSN or ITIN

Last Name

**B. INFORMATION ABOUT YOUR REGULAR WORK SCHEDULE**

How many days do you regularly work per week from all sources of employment?

For your “regular workweek,” you do not need to say which specific days are in your regular workweek, like Monday or Wednesday. You only have to choose a number of days per week. If you do not have a regular workweek because your work schedule changes often from week to week, you still need to choose a number of days per week to be considered as your “regular” schedule while receiving PFL benefits. The default number of days is 5. If you don’t know, or your schedule regularly changes, you can put 5.

(circle one):                      1            2            3            4            5            6            7

**C. INFORMATION ABOUT YOUR REQUESTED LEAVE DAYS**

In order to apply for benefits, you must choose specific future dates on which you will be on leave and for which you are requesting PFL benefits. In some cases, you may have the option to change your requested dates after submitting your claim. Please indicate below the specific futures dates for which you are seeking PFL benefits. If you require additional date fields, please submit additional copies of Form PFL-IL with your claim.

mm/dd/yy	mm/dd/yy	mm/dd/yy	mm/dd/yy
___/___/___	___/___/___	___/___/___	___/___/___
___/___/___	___/___/___	___/___/___	___/___/___
___/___/___	___/___/___	___/___/___	___/___/___
___/___/___	___/___/___	___/___/___	___/___/___
___/___/___	___/___/___	___/___/___	___/___/___
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___/___/___	___/___/___	___/___/___	___/___/___
___/___/___	___/___/___	___/___/___	___/___/___

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

Signature: \_\_\_\_\_ Date: \_\_\_\_\_