Guardian

Guardian Insurance
Paid Leave Claims
PO Box 981576
El Paso, TX 79998
1.800.268.2525 Fax: 1.610.807.2950
Paid_Family_leave@glic.com

New York PFL – Leave Time Tracking Sheet

Insured Name:	
Plan Number:	
Claim Number:	

The following information is needed to continue our handling of your Paid Leave claim.

It is your responsibility to track and report any missed work due to an approved Leave of Absence. Please follow the instructions below for reporting this time to Guardian.

1. Save a copy of this form for use in reporting future Leave Time.
2. Record dates work was **missed** each week**.** Only full day absences related to your approved Leave can be reported.
3. Please indicate "Relationship to Employee" for which leave is being taken.
4. Sign and date the form.
5. Have your Employer complete and sign their portion of the form verifying the dates for which Leave was taken.
6. Submit the completed form weekly by one of the following methods: 1) Fax**: (610)-807-2950** 2) Email: **Paid_Family_leave@glic.com**

EMPLOYEE SECTION:

Complete the below chart if using Intermittent Leave:

Date Leave Time Used	Full Day Used (Yes /No)	Leave Reason	Details of Leave	Relationship to Employee
Sample – 1/21/2021	Y	Care of Spouse	Doctors Appointment	Spouse – John Smith

Complete the below if using Continuous (uninterrupted) Leave:

Leave Begin Date	Leave End Date	Leave Reason	Details of Leave	Relationship to Employee
Sample – 1/21/2021	2/15/2021	Bonding	Care of Newborn	Son – John Smith Jr.

Employee Certification and Signature

1) Please indicate your typical work schedule prior to taking your requested Paid Family Leave.

☐ MO ☐ TU ☐ WE ☐ TH ☐ FR ☐ SA ☐ SU

By signing below, you attest that the information you have provided above is accurate.

Employee Signature	Date	Phone #	Email

IMPORTANT: Please have your employer complete the following to confirm your reported Leave. Delay in processing of you 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 ☐ Laid Off/Furloughed – Effective Date:_____

By signing below, you are confirming the accuracy of the Leave dates supplied by the above employee.

Print Name: _____

Employer Signature	Date		Phone #	Email