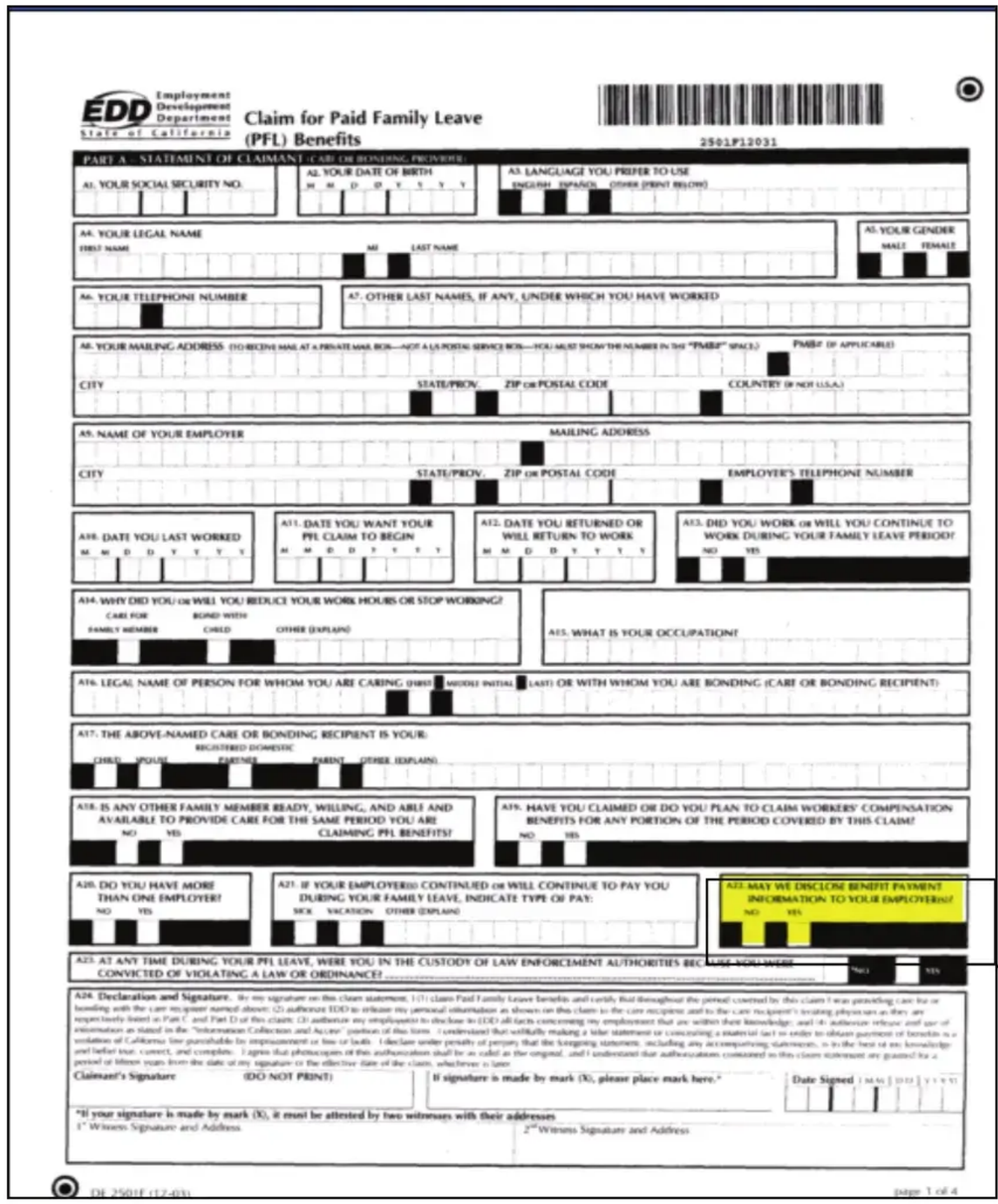
Sample DE 2501F, Question A22


Employment Development Department
State of California

Claim for Paid Family Leave (PFL) Benefits

2501P12031

PART A – STATEMENT OF CLAIMANT (CARE OR BONDING PROVIDER)

A1. YOUR SOCIAL SECURITY NO.

A2. YOUR DATE OF BIRTH

A3. LANGUAGE YOU PREFER TO USE

A4. YOUR LEGAL NAME

A5. YOUR GENDER

A6. YOUR TELEPHONE NUMBER

A7. OTHER LAST NAMES, IF ANY, UNDER WHICH YOU HAVE WORKED

A8. YOUR MAILING ADDRESS

A9. NAME OF YOUR EMPLOYER

A10. DATE YOU LAST WORKED

A11. DATE YOU WANT YOUR PFL CLAIM TO BEGIN

A12. DATE YOU RETURNED OR WILL RETURN TO WORK

A13. DID YOU WORK OR WILL YOU CONTINUE TO WORK DURING YOUR FAMILY LEAVE PERIOD?

A14. WHY DID YOU OR WILL YOU REDUCE YOUR WORK HOURS OR STOP WORKING?

A15. WHAT IS YOUR OCCUPATION?

A16. LEGAL NAME OF PERSON FOR WHOM YOU ARE CARING OR WITH WHOM YOU ARE BONDING (CARE OR BONDING RECIPIENT)

A17. THE ABOVE-NAMED CARE OR BONDING RECIPIENT IS YOUR:

A18. IS ANY OTHER FAMILY MEMBER READY, WILLING, AND ABLE AND AVAILABLE TO PROVIDE CARE FOR THE SAME PERIOD YOU ARE CLAIMING PFL BENEFITS?

A19. HAVE YOU CLAIMED OR DO YOU PLAN TO CLAIM WORKERS' COMPENSATION BENEFITS FOR ANY PORTION OF THE PERIOD COVERED BY THIS CLAIM?

A20. DO YOU HAVE MORE THAN ONE EMPLOYER?

A21. IF YOUR EMPLOYER(S) CONTINUED OR WILL CONTINUE TO PAY YOU DURING YOUR FAMILY LEAVE, INDICATE TYPE OF PAY:

A22. MAY WE DISCLOSE BENEFIT PAYMENT INFORMATION TO YOUR EMPLOYER(S)?

A23. AT ANY TIME DURING YOUR PFL LEAVE, WERE YOU IN THE CUSTODY OF LAW ENFORCEMENT AUTHORITIES BECAUSE YOU WERE CONVICTED OF VIOLATING A LAW OR ORDINANCE?

A24. Declaration and Signature.

Claimant's Signature (DO NOT PRINT)

If signature is made by mark (X), please place mark here.*

Date Signed

*If your signature is made by mark (X), it must be attested by two witnesses with their addresses

1st Witness Signature and Address

2nd Witness Signature and Address

DE 2501F (12-03)

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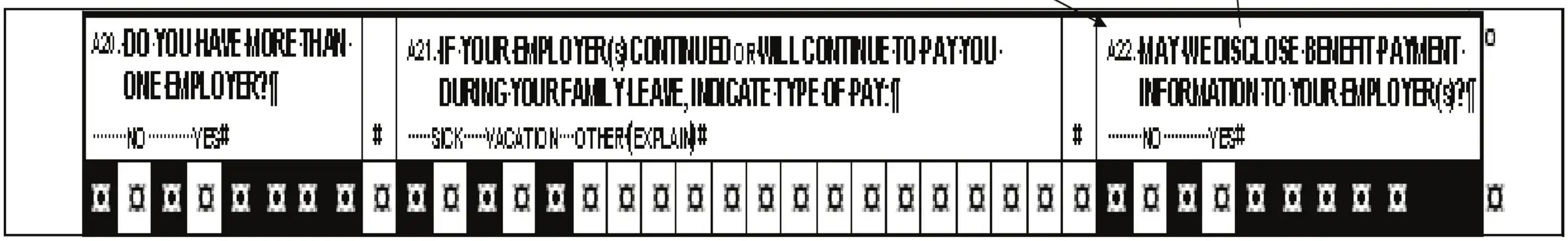
NOTE FOR QUESTION A22: The EDD may disclose the Employee's (claimant's) weekly benefit amount (WBA) to their respective Employer if the employee (claimant) has provided his/her written authorization on the initial Claim for Paid Family Leave (PFL) Benefits form (DE 2501F) or has submitted a separate written authorization stating that the EDD may disclose weekly benefit payment information to his/her employer pursuant to Section 1094 of the California Unemployment Insurance Code.