

Employer's Report Paid Family Leave To be completed by the Employer (Incomplete forms will be returned)		Paid Family Leave <hr/> Employer Name		Mail or Fax to: TRISTAR Benefit Administrators PO Box 32363, Long Beach, CA 90832 Tele: 877/874-3518 Fax: 562/495-6687	
Employee's Name (First, Middle, Last)				Social Security Number -- --	
Address			Phone Number		
City/State/Zip					
Date of Birth	Date of Hire	Date Last Worked	<input type="checkbox"/> Female <input type="checkbox"/> Male		
Employee's basic earnings \$					
<input type="checkbox"/> Hourly <input type="checkbox"/> Weekly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Monthly <input type="checkbox"/> Annually					
Employee's Division and Location			HR Manager Name		
Occupation/Job Title					
Work schedule at time last worked Days per week: Hours per day:			Employee's classification <input type="checkbox"/> Full time <input type="checkbox"/> Part time		
Employee Stopped Working Because: <input type="checkbox"/> Bonding <input type="checkbox"/> Family Care <input type="checkbox"/> Undisclosed to Employer			If the employee is required to take vacation time what is the employee's total accrued hours?		
Has employee Returned to Work? <input type="checkbox"/> Yes <input type="checkbox"/> No		Date returned to work		<input type="checkbox"/> Full time <input type="checkbox"/> Part time	
Print or Type Name/Title of Employer Representative			Telephone		Fax
Signature					Date