

Use this form if you are applying for Paid Leave Oregon benefits and you have more than three employers or more than one self-employed business that chose coverage.

Complete information about all of the jobs you had in Oregon during the following time frames that weren't included on your Paid Leave Oregon Application for Benefits:

- During the 18 months prior to taking paid leave
- While taking paid leave

Note: If your leave hasn't yet started or if you are in the middle of taking your paid leave, only include the jobs you have had through today's date. Include any self-employed businesses if you chose Paid Leave Oregon coverage under that self-employed business.

Include all of these jobs, even if:

- You are not taking leave from all of them
- One (or more) of your employers has an equivalent plan

You must provide all of the required information for each job.

If you have more than 6 employers or more than 3 self-employed businesses, complete an additional Supplemental Employers Form listing your remaining employers or businesses.

Name: _____

Social Security Number (SSN): _____ or

Individual Taxpayer Identification Number (ITIN): _____

Employer #4

Employer business name: _____

Federal Employer Identification Number (FEIN): _____

Business Identification Number (BIN): _____

Employer address

Street line 1: _____

Street line 2: _____

Unit type: _____ Unit number: _____

City: _____ State: _____ Zip: _____ County: _____

Attention: _____ Country: _____

Employer contact name: _____

Employer contact phone number: (____) ____ - _____

Name: _____ SSN/ITIN: _____

Employer contact email address: _____

Work and leave information

Date of hire: ____ / ____ / ____ (MM/DD/YYYY)

Are you still working for this employer:

Yes No, last day worked ____ / ____ / ____ (MM/DD/YYYY)

Occupation (*job title*): _____

Frequency of pay:

Hourly Daily Weekly Bi-Weekly Semi-Monthly Monthly Annually

For the frequency of pay you selected, what is your amount of pay? _____

Are you taking leave from this employer? Yes No

If taking leave from this employer, how many days do you usually work per week for this employer?

Circle one: 1 2 3 4 5 6 7

If you are taking leave from this employer, did you notify this employer about your leave? Yes No

If yes, when did you notify this employer: ____ / ____ / ____ (MM/DD/YYYY)

Employer #5

Employer business name: _____

Federal Employer Identification Number (FEIN): _____

Business Identification Number (BIN): _____

Employer address

Street line 1: _____

Street line 2: _____

Unit type: _____ Unit number: _____

City: _____ State: _____ Zip: _____ County: _____

Attention: _____ Country: _____

Employer contact name: _____

Employer contact phone number: (____) ____ - _____

Employer contact email address: _____

Work and leave information

Date of hire: ____ / ____ / ____ (MM/DD/YYYY)

Name: _____ SSN/ITIN: _____

Are you still working for this employer:

Yes No, last day worked ____ / ____ / _____ (MM/DD/YYYY)

Occupation (job title): _____

Frequency of pay:

Hourly Daily Weekly Bi-Weekly Semi-Monthly Monthly Annually

For the frequency of pay you selected, what is your amount of pay? _____

Are you taking leave from this employer? Yes No

If taking leave from this employer, how many days do you usually work per week for this employer?

Circle one: 1 2 3 4 5 6 7

If you are taking leave from this employer, did you notify this employer about your leave? Yes No

If yes, when did you notify this employer: ____ / ____ / _____ (MM/DD/YYYY)

Employer #6

Employer business name: _____

Federal Employer Identification Number (FEIN): _____

Business Identification Number (BIN): _____

Employer address

Street line 1: _____

Street line 2: _____

Unit type: _____ Unit number: _____

City: _____ State: _____ Zip: _____ County: _____

Attention: _____ Country: _____

Employer contact name: _____

Employer contact phone number: (____) ____ - _____

Employer contact email address: _____

Work and leave information

Date of hire: ____ / ____ / _____ (MM/DD/YYYY)

Are you still working for this employer:

Yes No, last day worked ____ / ____ / _____ (MM/DD/YYYY)

Occupation (job title): _____

Name: _____ SSN/ITIN: _____

Frequency of pay:

Hourly Daily Weekly Bi-Weekly Semi-Monthly Monthly Annually

For the frequency of pay you selected, what is your amount of pay? _____

Are you taking leave from this employer? Yes No

If taking leave from this employer, how many days do you usually work per week for this employer?

Circle one: 1 2 3 4 5 6 7

If you are taking leave from this employer, did you notify this employer about your leave? Yes No

If yes, when did you notify this employer: ____ / ____ / ____ (MM/DD/YYYY)

Self-Employment #2

Business name, if applicable: _____

Federal Employer Identification Number (FEIN), if applicable: _____

Business Identification Number (BIN), if applicable: _____

Address

Street line 1: _____

Street line 2: _____

Unit type: _____ Unit number: _____

City: _____ State: _____ Zip: _____ County: _____

Attention: _____ Country: _____

Work and leave information

First day of work in this business: ____ / ____ / ____ (MM/DD/YYYY)

Are you still self-employed and working in this business?

Yes No, last day worked ____ / ____ / ____ (MM/DD/YYYY)

Occupation (*job title*): _____

Frequency of income received from business:

Hourly Daily Weekly Bi-Weekly Semi-Monthly Monthly Annually

For the frequency of income you selected, what is your net income from this business? _____

Are you taking leave from self-employment? Yes No

If you are taking leave from this business, how many days do you usually work per week in this business? Circle one: 1 2 3 4 5 6 7

Name: _____ SSN/ITIN: _____

Self-Employment #3

Business name, if applicable: _____

Federal Employer Identification Number (FEIN), if applicable: _____

Business Identification Number (BIN), if applicable: _____

Address

Street line 1: _____

Street line 2: _____

Unit type: _____ Unit number: _____

City: _____ State: _____ Zip: _____ County: _____

Attention: _____ Country: _____

Work and leave information

First day of work in this business: ____ / ____ / ____ (MM/DD/YYYY)

Are you still self-employed and working in this business?

Yes No, last day worked ____ / ____ / ____ (MM/DD/YYYY)

Occupation (*job title*): _____

Frequency of income received from business:

Hourly Daily Weekly Bi-Weekly Semi-Monthly Monthly Annually

For the frequency of income you selected, what is your net income from this business? _____

Are you taking leave from self-employment? Yes No

If you are taking leave from this business, how many days do you usually work per week in this business? Circle one: 1 2 3 4 5 6 7

Missing information or documents can cause a delay in processing your application for benefits.

Mail your completed application and all required documents to:

Attn: Paid Leave Oregon
Oregon Employment Department
875 Union St NE
Salem, OR 97311

Need help?

The Oregon Employment Department (OED) is an equal opportunity agency. OED provides free help so you can use our services. Some examples are sign language and spoken-language interpreters, written materials in other languages, large print, audio, and other formats. To get help, please call 833-854-0166 (toll free). TTY users call 711. You can also send an email to paidleave@oregon.gov.