

HFWA 2021 Public Health Emergency Leave



Application Date _____

Employee Name _____ Employee ID # _____ Department _____

The Colorado Health Families and Workplaces act allows employees missing work for a covered reason to receive up to two weeks of paid time off. You are eligible if you missed work due to:

1. A quarantine or isolation order related to COVID,
2. Being advised by a health care provider to self-quarantine due to COVID concerns,
3. Experiencing COVID symptoms and seeking a medical diagnosis,
4. Caring for another individual who is subject to a quarantine or isolation order related to COVID or who has been advised by a health care provider to self-quarantine due to COVID concerns,
5. Caring for the employee's child whose school, place of care, of child care provider is closed or unavailable due to COVID related concerns,
6. Experiencing other substantially similar conditions,
7. Experiencing COVID vaccine side effects.

DATES OF MISSED WORK:			REASON: Enter a reason from the list above (#1-7)	Did you use PTO, Leave Without Pay, or Furlough to cover this time?
Start date	End date	# of hours		

Please submit completed applications **within 30 days of the first date of absence** to the Leave of Absence Office at LOAFMLPROCESS@dhha.org. Employees or their supervisors must code all requested CO HFWA missed work time as **D_ILL**. Denver Health reserves the right to request reasonable documentation that your listed absence meets the criteria listed above. Requesting reimbursement of PTO or payment for an absence that does not meet the criteria is considered a violation of Denver Health's Code of Conduct and may result in the termination of employment.

Employee Signature _____

FOR PAYROLL USE ONLY:						
ADJ. DATE	RE-CLASS/PAY	PAY DATE	614-COFHWA	600-LWO	620-PTO	621-ILL