

HFWA Accrued Safety and Health Leave

This form is to be used when an employee is requesting paid leave under the CO Healthy Families and Workplaces Act when the employee or immediate family member they care for:

- 1) has a mental or physical illness or injury or health condition that prevents the employee from working;
- 2) Needs to obtain medical diagnosis care, or treatment of a mental or physical illness, injury or health condition;
- 3) Needs to obtain preventive medical care; or
- 4) Has been the victim of domestic abuse, sexual assault, or harassment.

Please submit the completed application to LOAFMLPROCESS@dhha.org

-Benefited employees will have the hours deducted from their PTO bank. These are protected hours up to a maximum of 48 hours per year. Please use code D_ILL on time card.

-D_ILL will be recoded to the HFWA PSST code in the PTO bank

-Intermittent employees earn 1 hour HFWA time for every 30 hours worked up to a maximum of 48 hours per year. Intermittent employees must have time in their HFWA bank and use code INT_SICK on time card.

Employee Name: _____

EE# _____ Department: _____

If you are requesting more than one day off, please list each day below:

Date: _____ HOURS: _____

Date: _____ HOURS: _____

Date: _____ HOURS: _____

Date: _____ HOURS: _____

Date: _____ HOURS: _____

Date: _____ HOURS: _____

Employee Signature: _____ Date: _____