

CO Paid Sick Time Request Form

Sick time balance can be viewed via paystubs in Connect. Sick time is accrued at the rate of 1 hour for every 30 hours worked. Attendants must accrue enough sick time to cover all hours requested for Palco to pay. Sick time requests must be submitted within 30 days from the date/s leave is taken.

Instructions: Attendants should use this form to request sick time from the Employer. Once approved, Employers should enter the sick time payment request into the Palco portal for processing and payment, unless exempt from EVV/Connect. Instructions for entering requests via the Palco portal can be found on our website: <https://palcofirst.com/colorado>.

Attendant Name:		Attendant Palco ID:	
Employer Name:		Employer Palco ID:	
The Attendant's sick time rate of pay is calculated as a weighted average in Palco Connect per the Colorado Department of Labor and Employment's Overtime and Minimum Payment Standards (COMPS) Order, 7 CCR 1103-1, Rule 1.8.3(A).			

Instructions: In the section below, write in the service period and days with total time the attendant was scheduled to work for which they are now requesting sick time leave.

Service Period: _____ / _____ / _____ through _____ / _____ / _____ <small>Month Day Year Month Day Year</small>														
Day of Month														
# of Work Hours														
Total Sick Time Hours Requested →														

By signing this form, I, the CDASS attendant, attest that:

- this form contains accurate information about my employment and my request for sick time.
- the requested leave is for one or more purposes allowed by the Healthy Families and Workplaces Act.
- I will report any changes to my request for sick time promptly to my employer.
- I understand payment for the sick time hours, once verified, will be processed and paid on the next upcoming regularly scheduled pay day.

Attendant Signature

Date

By signing this form, I, the CDASS employer, attest that:

- this form contains accurate information about my attendant's employment and their request for sick time.
- I acknowledge and agree that it is my responsibility to track leave requests from my attendant and notify Palco of any changes related to this request.
- I understand that misrepresentation or false statements made on this form may result in administrative penalties, criminal prosecution and/or termination from CDASS.

Employer Signature

Date

Employers should maintain copies of this form in the attendant's employment file. If you are exempt from EVV/Connect, **please return this form to Palco via email: timesheets@palcofirst.com or via fax to 1.877.859.8757 for processing and payment.**