

CO Paid Sick Time Request Form

Instructions: Attendants should use this form to ask their Employer for sick time. Once the request is approved, Employers need to enter it into the Palco portal for payment. If the employer is exempt from Electronic Visit Verification (EVV) and does not use Connect, a paper form can be submitted. You can find instructions for how to enter requests on the [Colorado Palco webpage](#). Attendants can check your sick time balance on their paystubs in Connect. For every 30 hours you work, attendants can earn 1 hour of sick time. Requests must be within 30 days of the leave.

Attendant Name:	Attendant Palco ID:
Employer Name:	Employer Palco ID:
The rate at which attendants get paid for sick time is calculated using a weighted average in Palco Connect. This follows the rules set by the Colorado Department of Labor and Employment.	

Instructions: In the section below, write down the dates and total hours the attendant was scheduled to work during the time they're asking for sick leave.

Service Period: ____ / ____ / ____ through ____ / ____ / ____															
Day of Month															
# of Work Hours															
Total Sick Time Hours Requested															

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

- The information on this form is correct about my job and sick time request.
- The sick time I'm asking for is for reasons allowed by the Healthy Families and Workplaces Act.
- I will let my employer know right away if there are any changes to my sick time request.
- I understand that once my sick time is verified, it will be paid on the next regular payday.

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

- The information on this form is correct about my attendant's job and their sick time request.
- I understand it's my job to keep track of the attendant's leave requests and let Palco know if there are any changes.
- I know that giving false information on this form could lead to penalties, criminal charges, or termination from CDASS.



PO Box 13260
Maumelle, AR 72113

Attendant Signature:	Date:
Employer Signature:	Date:

Employers should keep a copy of this form in the attendant's employment file. If you are exempt from EVV/Connect, please send this form to Palco by email at timesheets@palcofirst.com or by fax to 1.877.859.8757 for processing and payment.