PO Box 13260
Maumelle, AR 72113
Toll Free 866.710.0456
Online: PalcoFirst.com

Colorado Consumer-Directed Attendant Support Services Sick Leave Request Form

Attendant Instructions: Fill in the section below with information about your request. You must provide the service period, date(s), hours for each date, and total number of requested leave hours.

Attendant Name: _____ **Attendant Palco ID:** _____

Employer Name: _____ **Employer Palco ID:** _____

Service Period: _____/_____/_____ through _____/_____/_____

Dates Scheduled to Work												
Number of Hours of Sick Leave												

Total Sick Leave Hours Requested: _____

Employer Instructions: Review the leave information above. If it is accurate and you approve, log into Palco's Connect portal, go to the "Enter Payments" tab, and enter the information on the "Paid Time Off" screen. Select this attendant from the dropdown menu. If you and this attendant have an Electronic Visit Verification (EVV) Live-In Caregiver Exemption, and therefore do not use Connect, email this form to timesheets@palcofirst.com or fax it to 1-877-859-8757. Step-by-step instructions for entering requests in Connect are on the Palco CO website (https://palcofirst.com/colorado/).

Employer and Attendant Attestation and Signature

By signing, I, the CDASS attendant, confirm that the information I provided is accurate and:

- The sick leave I'm requesting 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 leave request.
- I understand my leave pay rate will be calculated as a weighted average of my current pay rates[1].
- I understand once my leave is verified, I will be paid on the next regular payday.

By signing, I, the CDASS employer, attest that I verified the accuracy of the leave request and understand that:

- I must track and maintain documentation for requests and report to Palco any changes in requests.
- Giving false information on this form could lead to administrative, civil, and/or criminal penalties.

Attendant Signature: _____ **Date:** _____

Employer Signature: _____ **Date:** _____

[1] Following Colorado Overtime and Minimum Payment Standards (COMPS) Order, 7 CCR 1103-1, Rule 1.8.3(A).