



# State of Colorado Leave/Absence Request and Authorization

Any medical information is confidential and must be kept in separate files with limited access.

Name _____	Employee ID # _____
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Department & Division _____	Work # _____
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I understand that leave must be requested and approved in advance, where foreseeable. I understand that I must provide sufficient information so the proper type of leave can be determined. I understand that I am responsible for keeping my supervisor informed of any change in this request. If a medical condition is highly sensitive, directly contact your Family/Medical Leave coordinator immediately.

I request approval for \_\_\_\_\_ total hours as listed below. Is the absence due to a work-related illness or injury?  No  Yes

Record dates, times, and number of hours in the blanks before each applicable reason. (More information may be required.)

Actual Dates & Times			
From	To	# Hrs.	
_____	_____	_____	Vacation (not related to care/treatment of a medical condition or bonding with a new child)
_____	_____	_____	Medical. If not self, relationship _____
_____	_____	_____	Routine eye, medical, dental exam.
_____	_____	_____	Common illness/injury (no prescribed treatment, e.g., cold, flu)
_____	_____	_____	Other Medical (inpatient or continuing treatment, e.g., surgery, childbirth). Explain reason.
_____			Other (Explain reason & relationship, e.g., bonding, funeral, jury, adoption).

Employee Signature _____	Date _____	<b>Check Here If Form Amended</b> <input type="checkbox"/>
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### To Be Completed By Appointing Authority (or designee)

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> Annual         | <input type="checkbox"/> FML - annual             | <input type="checkbox"/> Unpaid             | <input type="checkbox"/> Other Specify: _____ |
| <input type="checkbox"/> Sick           | <input type="checkbox"/> FML - sick               | <input type="checkbox"/> Military           |   |
| <input type="checkbox"/> STD            | <input type="checkbox"/> FML - STD                | <input type="checkbox"/> Voluntary Furlough |   |
| <input type="checkbox"/> Bereavement    | <input type="checkbox"/> FML - holiday            | <input type="checkbox"/> Compensatory Time  |   |
| <input type="checkbox"/> Administrative | <input type="checkbox"/> FML - unpaid             |   |   |
| <input type="checkbox"/> Jury           | <input type="checkbox"/> FML - Military Caregiver |   |   |
| <input type="checkbox"/> Alt. Holiday   | <input type="checkbox"/> FML - Military Family    |   |   |
|   | <input type="checkbox"/> FML - Compensatory       |   |   |

A Medical certification  is required  is not required. (Required for more than 3 full consecutive working days.)

A Fitness-to-Return certification  will be  will not be required before returning to work on a regular basis. (Required for an absence of more than 30 days.)

Approved by \_\_\_\_\_ Date \_\_\_\_\_  
 Immediate Supervisor or Designee Signature

Approved by \_\_\_\_\_ Date \_\_\_\_\_  
 Appointing Authority, Designee, FML Coordinator Signature

Posted by \_\_\_\_\_ Date \_\_\_\_\_

## DEFINITIONS

- Complete definitions of the various types of leave and the rules governing their use are found in Chapter 5 of the State Personnel Director's Administrative Procedures (rules) at <http://www.colorado.gov/dpa/dhr/rules/rules.htm>. Additional information and assistance is also available in human resources offices.
- The appointing authority is responsible for approving the use and type of leave.
- The employee is responsible for requesting leave as far in advance as possible and providing sufficient information regarding the reason for the leave.
- Please be accurate. Specify actual dates and times to be charged as leave. Incorrect information may cause errors and delays in processing an employee's request for leave.

## LEAVES

**Annual Leave** - paid leave typically used for personal/vacation purposes. Required to use concurrently when family/medical leave applies.

**Sick Leave** - paid leave used for an employee's own medical examinations and treatment, physical inability to work due to pregnancy, illness or injury. Required to use concurrently with family/medical leave. A *State of Colorado Medical Certification* form is required for an absence of more than three consecutive regularly scheduled full working days or approval paid leave must be denied (per Colorado statute). It may be required for a lesser period.

**STD (Short-Term Disability) Leave** - After one year of service, granted while STD benefits are being paid and the employee applies for the STD benefit within 30 days of the beginning of the absence or at least 30 days prior to the exhaustion of all accrued sick leave. Must complete a waiting period or exhaust all accrued sick leave, whichever is longer. During the waiting period, required to use sick leave and annual leave.

**Unpaid Leave** - The appointing authority may approve unpaid leave. This may result in an adjustment to the probationary or trial service period.

**Administrative Leave** - paid leave used for investigation into an employee's conduct, incentive awards, coursework at a higher education institution directly related to the work, to participate in tests and interviews for state positions, to participate in school or community volunteer activities, or other reasons the appointing authority deems for the good of the state.

**Bereavement Leave** – Employees may request up to 40 hours (5 working days). Employees and supervisors have a mutual responsibility to engage in a dialogue to determine the amount of leave necessary for the death of a family member or other person.

**Jury Leave** - Used when an employee is called to serve jury duty. A copy of the summons for jury duty may be required.

**Family/Medical Leave (FML)** - After one year of service, up to 520 hours in a fiscal year (prorated for part-time employees) may be used for (1) birth and care of a child, (2) placement and care of an adopted or foster child, (3) a serious health condition of a child, parent, spouse, (4) the employee's own serious health condition, (5) active duty family leave for qualifying exigency directly related to, being called to, or on active duty to a foreign country, or (6) up to 26 weeks (1040 hours) in a single 12-month period for military caregiver leave for servicemember who is serious ill or injured in the line of duty on active duty. Use and type of concurrent paid leaves depends on individual circumstances. For additional information, contact the FMLA Coordinator. An appropriate *State of Colorado Medical Certificate* form, as described above under sick leave, is often required.

**FML - annual:** use of paid accrued annual leave when sick leave is exhausted or does not apply, including caring for a new child.

**FML - sick:** use of paid accrued sick leave for an employee's serious health condition, including childbirth and recovery or for a serious health condition of an employee's parent, spouse, or child.

**FML - STD:** use of STD leave for a serious health condition when an employee is eligible for STD benefits.

**FML - unpaid:** use of unpaid leave during family/medical leave when all other applicable paid leaves are exhausted.

**FML - holiday:** when a holiday occurs during a block of family/medical leave or the employee is scheduled to work the holiday the leave counts toward the family/medical leave entitlement.

**FML – compensatory time:** use of compensatory time during family/medical leave.

## ABSENCE

**Compensatory Time** - hours earned for approved overtime work by an eligible employee. Compensatory time is an absence from the work place, but is not a form of leave. Required to use concurrently when family/medical leave applies.

**The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. To comply with this law, we are asking that you not provide any genetic information when completing the leave request form. "Genetic information," as defined by GINA, includes an individual's family medical history, the results of an individual's or family member's genetic tests, the fact that an individual or an individual's family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual's family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.**