



**IC Veteran Directed Care ACCRUED  
PAID SICK LEAVE FORM**

Worker Name: \_\_\_\_\_

Veteran Name: \_\_\_\_\_

Authorized Representative Name: \_\_\_\_\_

Pay period Begins: (MM/DD/YYYY)  -  -  -  Pay period Ends: (MM/DD/YYYY)  -  -  -

Day of Week	Service Date (MM/DD)	PTO Start Time		PTO End Time		# of Hours Requested
Sun	—	•	<input type="radio"/> AM	•	<input type="radio"/> AM	
		•	<input type="radio"/> PM	•	<input type="radio"/> PM	
Mon	—	•	<input type="radio"/> AM	•	<input type="radio"/> AM	
		•	<input type="radio"/> PM	•	<input type="radio"/> PM	
Tues	—	•	<input type="radio"/> AM	•	<input type="radio"/> AM	
		•	<input type="radio"/> PM	•	<input type="radio"/> PM	
Wed	—	•	<input type="radio"/> AM	•	<input type="radio"/> AM	
		•	<input type="radio"/> PM	•	<input type="radio"/> PM	
Thurs	—	•	<input type="radio"/> AM	•	<input type="radio"/> AM	
		•	<input type="radio"/> PM	•	<input type="radio"/> PM	
Fri	—	•	<input type="radio"/> AM	•	<input type="radio"/> AM	
		•	<input type="radio"/> PM	•	<input type="radio"/> PM	
Sat	—	•	<input type="radio"/> AM	•	<input type="radio"/> AM	
		•	<input type="radio"/> PM	•	<input type="radio"/> PM	
Sun	—	•	<input type="radio"/> AM	•	<input type="radio"/> AM	
		•	<input type="radio"/> PM	•	<input type="radio"/> PM	
Mon	—	•	<input type="radio"/> AM	•	<input type="radio"/> AM	
		•	<input type="radio"/> PM	•	<input type="radio"/> PM	
Tues	—	•	<input type="radio"/> AM	•	<input type="radio"/> AM	
		•	<input type="radio"/> PM	•	<input type="radio"/> PM	
Wed	—	•	<input type="radio"/> AM	•	<input type="radio"/> AM	
		•	<input type="radio"/> PM	•	<input type="radio"/> PM	
Thurs	—	•	<input type="radio"/> AM	•	<input type="radio"/> AM	
		•	<input type="radio"/> PM	•	<input type="radio"/> PM	
Fri	—	•	<input type="radio"/> AM	•	<input type="radio"/> AM	
		•	<input type="radio"/> PM	•	<input type="radio"/> PM	
Sat	—	•	<input type="radio"/> AM	•	<input type="radio"/> AM	
		•	<input type="radio"/> PM	•	<input type="radio"/> PM	
<b>Service Hours Total:</b>						

The Employer and Worker certify that the information provided on this form is a true and accurate statement of the services being requested. The Employer and Worker understand that payment for services provided are subject to payroll taxes.

Worker Signature: \_\_\_\_\_ Date: \_\_\_-\_\_\_-\_\_\_\_\_

Veteran/AR Signature: \_\_\_\_\_ Date: \_\_\_-\_\_\_-\_\_\_\_\_

**Paid Time off Submission**

**Mail:**  
10425 W North Ave, Suite 345  
Milwaukee, WI 53226

**Email:**  
ICVIC@premier-fms.com

**Fax:**  
(855) 325-4668

## Timesheet Check-List

- Is my legal name on the TS?
- Is my Veteran's legal name on the TS?
- Did I fill-in the correct pay period with the correct start and end dates?

Example (See schedule for dates):

Pay Period Begins: (MM/DD/YYYY)      Pay Period Ends: (MM/DD/YYYY)

07 / 02 / 2017      07 / 15 / 2017

- Did I fill-in the dates for the correct day of the week?  
*Example: July 9th is a Sunday - you would fill the first Sunday as 07/09*
- Did I review that all my hours are accurate?
- Did I sign and date my TS?  
*Example: If the last day you worked was July 23rd - you would sign and date the TS as 7/23/yr.*
- Did my employer sign and date my TS?
- Did I make sure hours submitted are requested on or before the TS due date and signed date?
- Did I use standard time (not military time)?
- Did I make sure the dates on the TS are for one pay period **ONLY** and do not cross with any other pay periods?
- Did I make sure I did **NOT** use white-out to make corrections?

**Timesheets received that are missing any of the above information will be rejected and returned for correction. This may result in delay of payment.**

Once all check boxes are checked, please submit your timesheet to Premier Financial Management Services.

## Healthy Families and Workplaces Act (HFWA)

- The Colorado Healthy Families and Workplaces Act (HFWA) requires Colorado employers to provide two types of paid sick leave to their employees: accrued leave and public health emergency (PHE) leave (not currently in effect). The following points apply to both PHE and accrued leave.
- Paid sick leave must be paid for time off work, and at the same pay rate the employee earns during time worked.
- Paid sick leave can't be counted against employees as absences that may lead to firing or other negative action.
- Employee can generate up to 48 hours of paid sick time per calendar year.

## Acceptable Reasons to use Accrued Sick Time

- Inability to work due to a mental or physical illness, injury, or health condition.
- Obtaining preventive medical care (including vaccination), or medical diagnosis/care/treatment.
- Needs due to domestic abuse, sexual assault, or criminal harassment including medical attention, mental health care or other counseling, legal or other victim services, or relocation.
- Care for a family member who needs the sort of care listed above.
- During a PHE, a public official closed the employee's workplace, or the school or place of care of the employee's child.
- Effective Aug. 7, 2023: Bereavement, or financial/legal needs after a death of a family member; or
- Effective Aug. 7, 2023: Due to inclement weather, power/heat/water loss, or other unexpected event, the employee must
- evacuate their residence, or
- care for a family member whose school or place of care was closed

For any questions or concerns, please contact our office at (855) 275-3948.

## Marking Instructions for timesheet

- Write in **BLACK** or **BLUE** ink only.
- Write as large and legible as possible without touching the sides of the boxes.  
**Do not write outside of the boxes.**