



Part of the AssuranceSD family

**Form ONLY to be used for
Accrued Paid Sick Time**

ACCRUED PAID SICK LEAVE FORM

CENTER FOR INDEPENDENCE
VETERAN CHOICE PROGRAM (CFI-VCP)

Worker Name: _____

Veteran Name: _____

Authorized Representative Name: _____ AR Phone #: _____

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

Service Date (MM/DD)	PTO Start Time	PTO End Time	# of Hours Requested
/	:: AM PM	:: AM PM	
/	:: AM PM	:: AM PM	
/	:: AM PM	:: AM PM	
/	:: AM PM	:: AM PM	
/	:: AM PM	:: AM PM	
/	:: AM PM	:: AM PM	
/	:: AM PM	:: AM PM	
/	:: AM PM	:: AM PM	
/	:: AM PM	:: AM PM	
/	:: AM PM	:: AM PM	
/	:: AM PM	:: AM PM	
/	:: AM PM	:: AM PM	
/	:: AM PM	:: AM PM	
/	:: AM PM	:: AM PM	
		Total Hours	

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

Worker Signature: _____ Date: _____

Authorized Representative Signature: _____ Date: _____

TIMESHEET SUBMISSION

Mail

10425 W North Ave
Suite 345
Milwaukee, WI 53226

Email

PayrollTimesheets@Premier-FMS.com

Fax

855.325.4668

Timesheet Checklist

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: /DD/YYYY)

07	/	05	/	2024	07	/	18	/	2024
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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.

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 worked 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 a delay of payment.

Once all check boxes are checked, please submit your timesheet to PremierFMS.

Healthy Families & 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: **855.613.2898**.