COLORADO

ELECTION FORM TO USE ACCRUED LEAVE (MAKE-WHOLE) IN COORDINATION WITH FAMILY AND MEDICAL LEAVE INSURANCE (FAMLI) LEAVE

If you have filed a Family And Medical Leave Insurance (FAMLI) application, complete this form to indicate your election to use your accrued paid leave (make-whole) in coordination with the Family and Medical Leave Insurance (FAMLI) program benefits. Submit this form to your department's leave or benefits administrator.

The FAMLI Division administers the FAMLI program, including determination of claims, eligibility and approvals or denial of the FAMLI benefit and leave, benefit payment calculations, and appeals. FAMLI benefits provide up to a maximum weekly benefit of $1,100. You have the option of using your sick leave, annual leave, and compensatory time to supplement, or make-whole, your FAMLI benefit. If you elect to use your leave and make-whole your FAMLI benefit, you will continue to accrue paid leave. If you do not elect make-whole, or once accrued leave time is exhausted, you will not accrue paid leave.

This form must be completed and returned within 30 days of application for FAMLI or within 30 days of the first date of absence. If you do not return this form within 30 days of the date of application or first date of absence, you will have waived your use of accrued leave while receiving FAMLI leave benefits. Your election remains in effect for the duration of your FAMLI claim.

PLEASE INDICATE YOUR ELECTION BELOW:.

☐ I authorize use of accrued sick leave, annual leave, and compensatory time to supplement, or make-whole, my FAMLI benefit until such leave is exhausted. I understand that I must work with my department's leave or benefits administrator regarding any FAMLI approved leave in order to ensure timely leave and benefits coordination.

☐ I elect not to use accrued sick leave, annual leave, or compensatory time during my approved FAMLI leave.

Employee Name: _____

Employee Signature: _____ Date: _____

Send completed form to your department's leave or benefits administrator

Agency HR Representative's Name: _____

Agency HR Representative's Signature: _____ Date: _____