



Safe Leave Attestation

Colorado Paid Family and Medical Leave

Important Information

To request Colorado Paid Leave benefits, you must complete this form and return it to Prudential with your Application. Incomplete or missing information may result in a delay in claim processing.

Section 1: Employee Information

<u>First Name</u>	<u>MI</u>	<u>Last Name</u>	<u>Date of Birth:</u>
<u>Social Security Number:</u>	<u>Control number:</u>	<u>Prudential Claim Number:</u>	

Section 2: Attestation of Need for Safe Leave

“Safe Leave” means any leave because the employee or the employee’s family member is the victim of domestic violence, the victim of stalking, or the victim of sexual assault or abuse.

- “Domestic violence” means any conduct that constitutes “domestic violence” as set forth in C.R.S. § 18-6-800.3 (1) or § 14-10-124 (1.3)(a) or “domestic abuse” as set forth in § 13-14-101 (2).
- “Stalking” means any act as described in C.R.S. § 18-3-602.
- “Sexual assault or abuse” means any offense as described in C.R.S. § 16-11.7-102 (3), or sexual assault, as described in § 18-3-402, committed by any person against another person regardless of the relationship between the actor and the victim.

ATTESTATION: I attest that I am in need of Safe Leave as follows (check those that apply):

- I am a victim of domestic violence, stalking, or sexual assault or abuse as defined above.
- My family member identified below is a victim of domestic violence, stalking, or sexual assault or abuse as defined above.

Name: _____ Relationship to me: _____

Section 4: Employee Signature

I attest the information provided above is correct, the documentation I am providing is true and accurate, and I am in need of Safe Leave as provided by the Colorado Family and Medical Leave Insurance Act.

Employee signature: _____ Date signed (mm/dd/yyyy): _____