

Important Directions for Completing Your Request for Benefits:

To request benefits, you must complete this form and return it to us with your Application and other supporting document(s) as described below. Incomplete or missing information may result in a delay in claim processing.

“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 (please print)	Relationship to me
Signature of Claimant	Date

If signature is provided by legal representative (e.g., Attorney in Fact, guardian or conservator), please attach documentation of legal status.