



ACCRUED PAID SICK LEAVE FORM

SOUTHWEST CENTER FOR INDEPENDENCE

VETERAN CHOICE PROGRAM

Form ONLY to be used for Accrued Paid Sick Time

Direct Care 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	
/	:	AM PM	:	AM PM	
/	:	AM PM	:	AM PM	
				Total Hours	

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

Direct Care Worker Signature: _____ Date: _____

Veteran/Authorized Representative Signature: _____ Date: _____

TIMESHEET SUBMISSION

Mail

10425 W North Ave
Suite 345
Milwaukee, WI 53226

Email

Timesheets@Resilient-SD.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

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?

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.

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 ResilientSD.

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: **855.962.0539**.