

Safe Leave Attestation and Leave Request

Colorado Family and Medical Leave Insurance (FAMLI)

Employer: Colorado State University
Address: 6004 Campus Delivery
555 South Howes St, 2nd Floor
Fort Collins, CO 80523-6004

Phone: 970-491-6947
[Secure Portal for Upload](#)
Email: HR_leave@colostate.edu
Website: <https://hr.colostate.edu/colorado-famli-program/>

Important directions for completing your request for benefits:

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

Section 1: Employee/Applicant Information

First Name	Last Name	Date of Birth	Last 4 Digits of SSN
Address, City, State, Zip Code			
Cell number	Home number	Work number	

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: _____

Employee signature: _____ Date: _____