

Colorado FAMLI		City of Fort Collins							
Program Features		Health Families Work Act/ COVID-19							
		Program Features	Paid Sick Leave	Emergency Sick Leave	Family and Medical Leave Act	Short Term Disability	Parental Leave	Unpaid Leave of Absence	Long Term Disability
Employee Eligibility	All employees employed by an eligible employer who have earned at least \$2,500 in wages within Colorado within the last 4 calendar quarters	Hourly	One hour of paid sick leave for every 30 hours worked, up to a maximum of 48 hours per year	All employees	Employees are eligible after one year of service and have at least 1,250 hours of service in the twelve months before taking FMLA.	No	All employees are eligible with the following criteria: given birth to a child, a spouse or committed partner of a person who has given birth to a child, or adopted a child, or been placed with a foster child.	All employees Any City employee may request an unpaid leave of absence without pay for a minimum of two weeks to a maximum period of one year in any five-year period.	No
		Contractual	3.08 hours per pay period for a total of 80 hours in a 12-month contract			No			No
		Classified and Unclassified Management	120 hours per year. Prorated for part-time and newly eligible employees.			Yes			Yes
Cost	Government organizations that opt-in, both the employee and employer incur a payroll tax of .45% beginning January 2023. The estimated cost to the City in 2023 will be \$735k and \$774k.	Cost	City pays, no cost to the employee						
Job Protections	Yes	Job Protections	No	Yes	Yes	No	Yes	No	No
Reason for Leave	Medical, Family, and Safe Leave	Reason for Leave	The employee has a mental or physical illness, injury, or health condition; needs a medical diagnosis, care, or treatment related to such illness, injury, or condition; or needs to obtain preventive medical care	Experiencing illness due to the COVID-19 vaccine OR Experiencing illness due to a positive COVID-19 test Waiting on a COVID-19 test result OR Caring for a loved one who is sick or quarantined due to COVID-19	Medical, Family, Safe Leave	Employee's own illness/disability	To enable the employee to care for and bond with a newborn or a newly adopted or newly placed child	Various	Personal illnesses or injuries that are under the care/supervision of a healthcare provider and render the employee partially or totally disabled for more than 90 calendar days

Paid Leave	\$1,100 Maximum Weekly Benefit* *For 2022 and will be adjusted every consecutive year	Paid Leave	100% of wages	100% of wages	No	The first 14 days of disability is considered the STD Elimination Period. Employees use Sick Leave (80 hours) unless they do not have enough Sick Leave available. Then they may use other paid leave time or take unpaid leave. Following the Elimination Period, employees are then eligible to receive up to six weeks of STD pay at 100% of weekly earnings. Then four weeks plus six days of STD pay at 75% of weekly earnings. Employees may request to supplement the remaining 25% of weekly earnings with eligible Paid Time Off.	100% of wages	No	Paid at 66.67% of monthly earnings to a maximum of \$7,500 per month, paid 1 time per month. If totally disabled, employees may request to supplement their remaining monthly earnings with eligible Paid Time Off. If partially disabled, employees can only supplement their remaining monthly earnings with modified work time.
Duration	Up to twelve (12) weeks of paid family and medical leave within a rolling 12-month period and eligible employee experiencing pregnancy or childbirth complications, may receive up to an additional four (4) weeks of FAML I benefits	Duration	Variable	80 hours	Up to 12 weeks	Up to 90 days	Up to 3 weeks	2 weeks up to one year	Less than age 60 at the start of your disability, the maximum period of payment is to age 65, but not less than 5 years. Over age 60 at the start of your disability, refer to the maximum period of payment schedule in the plan document.
Certification	Medical Certification	Certification	Employer may require	None Required	Medical Certification		Required	None Required	Medical Certification
Employee Notice Required	Employer notified as needed	Employee Notice Required	Employer notified as needed	Employee notifies manager for timesheet approval. Hourly employees submit a Healthy Families Workplace form to request Emergency Sick Leave so the Paid Time Off balance can be added.	30 days if foreseeable, or as soon as practicable.				