

**COLORADO DEPARTMENT OF TRANSPORTATION  
LEAVE GRANT REQUEST**

To be eligible, you must:

1. have a minimum of one year permanent state service.
2. have exhausted all other applicable paid leave.
3. have applied for Short Term Disability, if applicable.
4. be experiencing an unforeseeable life altering event beyond your control (personally or for an immediate family member).

Leave Grant instructions:

1. See Procedural Directive 1204.1
2. Complete and send this form to Leave Grant Coordinator, ER/L, with the following attachments:
  - a. A memo from the appointing authority and supervisor; and
  - b. A statement of medical facts pertaining to the unforeseeable life altering event beyond your control (refer to PD 1204.1 Part V, Section G, #3 a,b,c); or
  - c. Statement from the employee describing the impact of an unforeseeable life altering event beyond his/her control; or
  - d. Military documentation

**Part 1** (employee completes)

Name		Personnel #	
Home address/city/zip			
Division/Region/Branch	Job Title	Date permanent employment began	
Request for: Self                      Other, explain:			
Date event began	Anticipated duration	Date all other paid leave was/will be exhausted	# of estimated days requested
Have you:			
-applied for Standard Short Term Disability	Yes	No	
-applied for PERA Short Term Disability	Yes	No	
I certify that I understand, agree to, and meet the requirement and conditions of the Leave Grant program. Also, I authorize ER/L to obtain any necessary information concerning this application. I understand that denial of this application is not subject to grievance or appeal.			
Employee signature			Date

**Part 2** (signatures)

Supervisor signature	Date
Appointing Authority signature	Date

Number of hours recommended by Leave Grant Coordinator	Hours
Leave Grant Coordinator signature	Date

	Denied	Approved, number of hours
Executive Director signature	Date	