


Overview of Family Leave Laws in the United States

Please note that these paid sick time materials do not represent an exhaustive overview of the state, county, and city family leave laws described, and it does not constitute legal advice. It is possible that additional provisions not described in these materials may apply to a worker's specific circumstances or category of employment.

 <p>For more information visit A Better Balance (ABetterBalance.org)</p>	<p>Colorado</p>
<p>What purposes can leave be used for?</p>	<p>Family and medical leave can be used: (1) for a worker's own serious health condition; (2) to bond with a child within one year of the child's birth, adoption, or placement for foster care; (3) to care for a family member with a serious health condition; (4) to address certain military family needs; or (5) to address certain medical and non-medical needs arising from domestic violence, stalking, or sexual assault or abuse, also known as "safe leave."</p>
<p>Who is covered? California, New Jersey, Rhode Island, Washington State, Massachusetts, and Connecticut also provide some coverage for previously covered workers who have a qualifying need for family or medical leave while they are unemployed, while New York and Hawaii also provide some coverage for previously covered workers who have a qualifying need related to the worker's own health. Details vary by state. States that aren't currently implementing their programs will also likely provide some coverage for previously covered workers during unemployment, though final regulations will be needed to specify details</p>	<p>Almost all employees are covered.</p>
<p>Are public sector workers automatically covered? Note that no state law covers federal employees.</p>	<p>Yes. However, local government employers may decline coverage. Local government employees whose employers declined coverage can opt in to wage replacement benefits.</p>
<p>Are domestic workers covered?</p>	<p>Yes.</p>



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Can self-employed workers opt-in to coverage?

Yes.

What are the requirements to qualify for benefits?

Workers must have earned at least \$2,500 during the base period.
The base period is the first 4 of the last 5 completed quarters or the 4 most recently completed quarters.
This can combine income from more than one employer.
Workers with multiple jobs may choose to take leave from one job or multiple jobs. However, if a worker chooses to continue working at an additional job or jobs during leave, wages earned from the additional job or jobs will not be considered when calculating the worker's weekly benefit.



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What family members are covered?

A family member includes a worker's child, parent, parent of a spouse or domestic partner, spouse, domestic partner, grandparent, grandparent of a spouse or domestic partner, grandchild, grandchild of a spouse or domestic partner, sibling, sibling of a spouse or domestic partner, or as shown by the worker, any other individual with whom the worker has a significant personal bond that is or is like a family relationship, regardless of biological or legal relationship.

The law's definition of domestic partner does not require registration. The definition of domestic partner includes any person who is at least 18 years old and "(a) who is of the same gender as the employee; (b) With whom the employee has shared an exclusive, committed relationship for at least one year with the intent for the relationship to last indefinitely; (c) Who is not related to the employee by blood to a degree that would prohibit marriage pursuant to section 14-2-110, C.R.S.; and (d) Who is not married to another person."



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How is the program funded?

Workers and employers share the cost of all leave. Employers can withhold up to 50% of the premium from workers' wages; employers cover the remaining cost.

A self-employed individual or an employee of a local government who elects coverage is only required to pay 50% of the premium.

Employers with fewer than 10 employees are not required to pay the employer portion.

The total premium is 0.9% of wages.

For the calendar year of 2025 and each calendar year thereafter, the state will set the premium based on a formula set by statute and not to exceed 1.2% of wages (with premiums not applying to wages above the Social Security contribution base).

Premiums do not apply to wages above the Social Security contribution base.

What percentage of wages do workers receive?

90% of a worker's average weekly wage up to an amount equal to 50% of the statewide average weekly wage, and 50% of a worker's average weekly wage above an amount equal to 50% of the statewide average weekly wage

What is the maximum weekly benefit?

\$1,100 per week initially, adjusted annually after the first year to 90% of the statewide average weekly wage

Current: \$1,100/week



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For how long can a worker receive benefits?

Own health: Up to 12 weeks in an application year.
Family leave: Up to 12 weeks in an application year.
Safe leave: Up to 12 weeks in an application year.
Total: Up to 12 weeks in an application year.
Workers with certain pregnancy- and child-birth-related health needs may receive up to an additional 4 weeks of benefits, which can be combined with other uses up to a total of 16 weeks in a 12-month period.

Is there an unpaid waiting period?

No

Are workers entitled to have their jobs back when they return?

Yes, if they have been employed by their employer for at least 180 days before taking leave.
Note that workers who receive health insurance through their employers are entitled to continuation of those benefits while on leave, regardless of how long they've worked for their employer. Additionally, workers who exercise their rights to paid family, medical and safe leave are protected against retaliation or discrimination. Workers receiving benefits may also have employment protections under Colorado's domestic violence leave law. Workers may also have protections under other laws, such as the FMLA or the Colorado Family Care Act.



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How is the insurance provided?

By default, workers are covered by the state fund. Employers can apply for approval of a private plan, which must provide benefits at least equivalent to those available through the state.

Statutory Citation

Colo. Rev. Stat. § 8-13.3-501 et seq.