

Pipe Industry Health and Welfare Fund of Colorado

1391 Speer Boulevard, Suite 450, Denver, CO 80204
Phone: (720) 923-7791 • Toll-Free: (800) 257-2168 • Fax: (833) 263-8956
www.copipeindustryfunds.com



Administered by Pipe Industry
Administration Company, LLC

PAID SICK LEAVE CLAIM FORM

Part I - Employee Information and Certification

Employee Name: _____ SSN: _____

Address: _____

Phone: _____ E-mail: _____ UA Local #: _____

Sick Leave Start Date (mm/dd/yyyy): _____ Sick Leave End Date (mm/dd/yyyy): _____

Employee's Taxable Hourly Wage: _____ *Sick Leave Hours (2 Hour Increments): _____

Employee's Hourly HRA Contribution: _____ Employee's Hourly H&W Contribution: _____

Agreement + Job Classification: _____

Please indicate the applicable reason for your sick leave:

- My own sickness or injury My doctor appointment My family member's illness or doctor appointment
 Seeking assistance related to a domestic violence situation Related to a Public Health Emergency (e.g., work / school closure)

** If you are requesting four or more consecutive work days (32+ hours), please provide reasonable documentation to support a valid reason for leave.*

Payment Information

Bank Name: _____ Checking Savings

Account Number: _____ Routing Number: _____

By my signature below, I acknowledge and agree that my answers to the requested information on this form are true and correct.

Signature: _____ Date: _____

Part II - Employer Information and Certification

Employer Name: _____

Employer Representative Name: _____ Title: _____

Phone: _____ Email: _____

I, the undersigned authorized representative of the Employer, certify that the Employee named above is an employee of the Employer and the information on this claim form is true and correct.

Signature: _____ Date: _____

PLEASE RETURN COMPLETED FORM TO:

Pipe Industry Health and Welfare Fund of Colorado
info@copipefunds.com • Fax: (833) 263-8956