



**New York State Paid Sick Leave  
2023-2024**

Greetings Sawyers,

The information below is an outline of the current status of Paid Sick Leave time for COVID-19 quarantines and isolation, as well as the process to record such events. Internally, this leave is recorded as Paid Sick Leave Quarantine in Frontline.

New York State law provides employees who have to quarantine or isolate with Paid Sick Leave Quarantine. This law went into effect in September 2020. If a staff member has already utilized their 10 Paid Sick Leave Quarantine days and subsequently tests positive for COVID-19, he or she is may be entitled to an additional allotment of up to ten (10) NYS Paid Sick Leave Quarantine days for their isolation period, up to a maximum of two times. This does not necessarily equate to an additional 20 days of NYS Paid Sick Leave. It provides for two additional occurrences up to 10 days each time. Once these days are utilized, a staff member may use their accrued time (sick, personal, paid-time-off).

**Information from the CDC**

**What to do if you were exposed to COVID-19:**

<https://www.cdc.gov/coronavirus/2019-ncov/your-health/if-you-were-exposed.html>

**Isolation and precautions for people with COVID-19:**

<https://www.cdc.gov/coronavirus/2019-ncov/your-health/isolation.html>



## **Procedure for Reporting Isolation for the 2023-2024 School Year**

Moving forward, if you will be absent from work for a Covid related issue, please follow the steps below:

1. Record it as “SICK” or “PTO” in Frontline with a note to the administrator indicating the nature of the absence.

For example:

“I tested positive for COVID-19”

“My Dependent Tested positive”

2. Send interoffice mail or an email to Virginia Carney ([vcarney@Saugerties.k12.ny.us](mailto:vcarney@Saugerties.k12.ny.us)) with the following information:
  - Proof of Quarantine or Isolation
    - Orders of isolation from the UCDOH
    - or-
    - Note from a physician indicating a required isolation
    - or-
    - Image of positive at-home test and affirmation of isolation (See Attached)
3. Virginia Carney will verify if the requirements are met and properly code attendance in Frontline. The staff member's individual days will be returned if he/she is eligible for paid COVID Sick Leave. Individuals who do not qualify or have exhausted their COVID Sick Leave days will be notified via email.
4. In the rare instance, you may have to isolate for longer than 5 days due to testing positive, you must supply a medical note indicating the medical necessity to quarantine for a longer period of time. This note must include the expected date of return.



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## **Affirmation of Isolation**

### **COMPLETE IF YOU OR YOUR CHILD HAS TESTED POSITIVE FOR COVID-19 AND HAVE BEEN IN ISOLATION**

I, \_\_\_\_\_, do hereby affirm that I or my child isolated from (date) \_\_\_\_\_ to (date) \_\_\_\_\_ consistent with guidance issued by the New York State Department of Health (NYSDOH). As per NYSDOH guidance, since I or my child tested positive for COVID-19, I or my child must isolate for **five (5)** days from the onset of COVID-19 symptoms OR from the date of the positive COVID-19 test if asymptomatic. Day 1 of isolation begins with the day after I or my child became symptomatic OR the day after I or my child tested positive if I or my child were Asymptomatic. I have notified the Department of Health.

Name of COVID-19 Positive Person: \_\_\_\_\_

Date of Birth of COVID-19 Person: \_\_\_\_\_

Staff Member Relationship to COVID-19 Person: \_\_\_\_\_

Specimen Collection Date of Positive Test: \_\_\_\_\_

Staff Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Note: The isolation period should correspond with the applicable guidance at the time the individual test positive.