



COVID-19 EMERGENCY PAID SICK LEAVE REQUEST FORM

I, _____ (employee name), request that I be granted leave for the period from _____ (date) to _____ (date) based on the following reason:

I am currently subject to a quarantine or isolation order issued by the state of New York, the Department of Health, local board of health, or any government entity duly authorized to issue such order due to COVID-19 related to COVID-19 for the period specified above;

The government entity that issued the quarantine or isolation order to which I am subject is:

*Please attach quarantine order, affirmation, and/or positive test result

For the requested leave period, I am unable to work or telework (if telework is an option for my position) based on the above identified reason.

I certify that the information I have provided is true and accurate and I understand that providing false or misleading information about my absence could result in disciplinary action.

Total number of workdays absent due to claim _____

The total number of days claimed should be indicated in absence management and/or on the appropriate time sheet as quarantine.

Employee Signature

Date