[redacted]

NYS COVID PAID LEAVE REQUEST FORM

Employees must make a copy of this form in order to edit it. Please complete the information below as part of your request for COVID paid leave time. Return the form and documents to the Human Resources Office within 10 days in order for your request to be processed in a timely manner.

EMPLOYEES MUST CONTACT THEIR DIRECT SUPERVISOR TO NOTIFY THEM OF A POSITIVE TEST IMMEDIATELY.

NAME:	DATE:
SCHOOL:	JOB TITLE:
LEAVE START DATE:	LEAVE END DATE:
SCHEDULED HOURS DURING LEAVE (HOURLY ONLY): M___ T___ W___TH___F___	

I am under a quarantine or isolation order related to COVID-19, unable to work and I am applying for NYS Paid Leave for COVID reasons. My quarantine or isolation order is attached.

QUARANTINE / ISOLATION ORDERED BY
_____
INSERT THE AGENCY NAME THAT PROVIDED THE ORDER

CERTIFICATIONS:

I certify that I am unable to work and the above statement is accurate and complete.

EMPLOYEE SIGNATURE: DATE:

Completed forms must be returned within 10 days to the Human Resources Office.

HUMAN RESOURCES OFFICE USE ONLY

NYS PAID LEAVE: APPROVED: _____ DENIED: _____

Human Resources Office Signature: _____

Notes: