

Employee Request for NYS COVID-19 Paid Sick Leave

Please complete the below request for leave pursuant to New York State COVID-19 Paid Sick Leave and return to _____ as soon as possible.

Name: _____

This is a (choose one): New request for leave Request for an extension of leave

Anticipated Start Date of Leave: _____ **Anticipated End Date of Leave:** _____

I. Reason for Leave (*check all applicable*) I am unable to work (or telework) for the following reason:

- 1.) I am subject to a mandatory order of isolation related to COVID-19;
- 2.) I am subject to a mandatory order of quarantine related to COVID-19; or
- 3.) I am subject to a precautionary order of quarantine related to COVID-19.

II. Documentation of Order of Isolation or Quarantine

1. Please provide the name of the governmental entity ordering the isolation or quarantine and attach a copy of the order.

2. If an order of isolation or quarantine has been requested but not yet received, please provided the following information:

A. The name of your Local Health Department from whom the order of isolation or quarantine was requested: _____

B. The date on which the order of isolation or quarantine was requested:

C. Documentation from your medical provider, which includes an attestation that:

- If you are subject to Mandatory Isolation:
 - That you have tested positive for COVID-19 (and the date of your positive test); or
 - That testing is currently unavailable to you, but you are symptomatic and have had contact with a known COVID-19 case.
- If you are subject to Mandatory Quarantine:
 - That you have been in close contact with someone who has tested positive for COVID-19 or is currently in mandatory isolation.

- If you are subject to a Precautionary Quarantine:
 - That you have been determined to have had proximate exposure with someone who has tested positive for COVID-19.

**Employees must provide a copy of the order of isolation or quarantine immediately upon their receipt. A Local Health Department is to provide requested orders within 30 days.*

III. Voluntary Travel: Please answer yes or no to the following questions:

A. *Have you voluntarily (not required by your employer) traveled to another country in the past 14 days:*

Yes No

B. *Have you voluntarily (not required by your employer) traveled to any state, other than Connecticut, Massachusetts, New Jersey, Pennsylvania and Vermont, for more than 24 hours in the past 14 days:*

Yes No

IV. Certification

I certify that the above information is accurate and complete. I understand that my employer will rely on my responses in determining my eligibility for NYS COVID-19 Paid Sick Leave. I understand that if I am subject to a mandatory or precautionary order of quarantine or isolation due to travel to a foreign county or due to interstate travel to any state other than the five states which are contiguous to New York State, I am not eligible for NYS COVID-19 Paid Sick Leave or other paid sick leave benefits.

Employee Signature: _____ **Date:** _____