



Employee Request for NY PAID LEAVE for COVID-19

Please complete the below request for leave pursuant to the NY State Paid Sick Leave and return to the Office of Human Resources at LImperato@ws.k12.ny.us or 52 W Main Street, Washingtonville, NY 10992, as soon as possible. Individuals are allowed up to 14 days of paid sick time for COVID-19.

Printed Name: _____

Job Title: _____

Building: _____

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

NY's COVID-19 quarantine leave benefits are only available during the order of quarantine or isolation. Once an individual is no longer subject to an order of quarantine or isolation, they are no longer eligible for NY's COVID-19 quarantine leave benefits. Please note *"In no event shall an employee qualify for sick leave under New York's COVID-19 sick leave law for more than three orders of quarantine or isolation. The second and third orders must be based on a positive COVID-19 test in accordance with paragraphs 1 and 2."* [NYS Covid Paid Leave](#)

Certification

I certify that, for each of the days that I request leave, I am unable to work because I am subject to an order of quarantine or isolation by order of the Department of Health and/or my Health Care provider.

I certify that I will provide a ***copy of the DOH quarantine order or Healthcare provider's note within 30 days of this notice to the Personnel Department.***

I certify that the above information is accurate and complete:

Employee Signature: _____ Date: _____

----- Office Use -----

Date NY Paid Leave Instance _____ #1 _____ #2 _____ #3

of COVID days taken _____ # of Sick days taken _____

Director of Personnel _____ Date _____