

COVID-19 Paid Leave Request Form

Employee Name:	Date of Application:
Position & Building:	Dates of Requested Leave:

I, _____, an employee of _____ School District, affirm that I am hereby unable to work or telework due to the COVID-19 reason below (check all that apply), and that the information provided and attached to this form is accurate:

1. ☐ **I am subject to a federal, state, or local quarantine or isolation order related to COVID-19¹**

**Include the name and address of the government entity that issued the quarantine or isolation order to which the employee is subject: _____*

2. ☐ **I have been advised by a health care provider to self-quarantine due to COVID-19**

**Include the name and address of the health care provider who advised you to self-quarantine: _____*

3. ☐ **I am experiencing symptoms of COVID-19 and am seeking a medical diagnosis.**

**Include the name and address of the health care provider who you will be seeking a diagnosis from: _____*

4. ☐ **I am caring for an individual who is subject to a federal, state, or local quarantine or isolation order related to COVID-19 or whose health care provider has advised the individual to self-quarantine:**

**Include either: (1) The name and address of the government entity that issued the quarantine or isolation order: _____*

_____, OR

(2) The name and address of the health care provider who advised the individual to self-quarantine: _____

¹ Please note that if an employee has been quarantined/isolated by a State or Local Health Department order, he/she will be eligible for the New York State Quarantine Leave Law that provides employees with at least 14 days of paid leave (at the employee's full regular rate) for that quarantine/isolation period (unless the employee is able to telework). This leave can be used before or after the Federal Families First Coronavirus Response Act (FFCRA) leave described in question 1.

5. ☐ **I am caring for my child due to my child's school or place of care being closed or my child's care provider is unavailable due to COVID-19**

**Include the following information:*

- *Name and age of the child(ren) being cared for:* _____

- *Name and address of the school, place of care, or child care provider that closed or became unavailable due to COVID-19 reasons:* _____

_____.
- *By initialing here _____, I certify that no other suitable person is available to care for the child(ren) during the period of requested leave. If I have listed any child(ren) over the age of 14, I certify that special circumstances exist that require me to provide care for said child(ren). Those special circumstances are as follows:*

- *I will need this leave intermittently:* ___ yes ___ no

Certifications

I certify that, for each of the days that I request leave, I am unable to work or telework because of one of the 5 reasons listed above.

I certify that the above information is accurate and complete:

Employee Signature: _____ **Date:** _____

Please provide any supporting documentation that you would like the District to consider with your request, for example a copy of the quarantine or isolation order, a note from your health care provider, proof of a school or day care closure, or other documentation, please attach it to this form. Is supporting documentation attached? ☐ Yes ☐ No

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SCHOOL DISTRICT USE ONLY

☐ Approved

☐ Denied

Name

Date