

NEW YORK STATE COVID-19 PAID LEAVE REQUEST FORM

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

I, _____, an employee of the East Greenbush Central School District, affirm the following:

- I am subject to mandatory or precautionary order of quarantine or isolation issued by the State of New York, Department of Health, local board of health, or any government entity duly authorized to issue such order due to COVID-19; and
- I am unable to work or telework; and
- I have not traveled out of New York State (other than to Vermont, Massachusetts, Connecticut, New Jersey, or Pennsylvania), to a US territory, or to a CDC level 2 or higher country for more than 24 hours within the past 10 days.

Certifications:

I certify that, for each of the days that I request leave, I am unable to work or telework for COVID-19 related reasons.

I certify that the above information is accurate and complete.

Employee Signature: _____ **Date:** _____

***Please provide upon receipt a copy of the quarantine or isolation order from the State of New York, Department of Health, local board of health, or any government entity duly authorized to issue such order due to COVID-19.**

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DISTRICT USE ONLY Approved Denied

Name

Date