 Southern Westchester **BOCES**

 **Request for New York State Emergency Paid Sick Leave**

Employee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Job Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Requested Leave Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Requested Leave End Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The amount of leave being requested in hours/days: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am requesting this emergency paid sick leave due to my inability to work because:

* I am subject to a federal, state, or local isolation order due to COVID–19.

Name of the agency issuing the order of isolation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***\*Please provide a copy of the order of isolation or positive test result\****

**By signing below, I certify that I have provided true and complete information in response to the question asked above, and that I am not able to work due to the reason for which I have requested leave.**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee Signature** **Date**

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| **FOR HUMAN RESOURCES DEPARTMENT ONLY - AUTHORIZATIONS:** |
| Official HR Action on Request: [ ]  APPROVED [ ]  DISAPPROVED Director of Human Resources\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_ |
| Payroll Directions:  |

Emergency Paid Sick Leave Effective Dates: Attendance Office Initials: \_\_\_\_\_\_\_\_\_