

**NYS & Federal Emergency Paid Sick Leave Request Form**  
**SOUTHERN WESTCHESTER BOCES**  
 Department of Human Resources



<b>EMPLOYEE INFORMATION:</b>	<b>TO BE COMPLETED FOR APPROVAL OF A REQUEST FOR UTILIZATION OF EMERGENCY PAID SICK LEAVE</b>
Name and Address:       Best Contact #: (____) _____ - _____	<p><b><i>I request my entitlement of two weeks (80 hours/10 days) paid emergency sick leave because of the following situation:</i></b></p> <p>___ I am subject to a mandated Federal, State, or local quarantine or isolation order related to coronavirus; unable to work remotely; have copy of DOH order - full salary for two weeks per the NYS Quarantine Law</p> <p>___ 1.) I am subject to a mandated Federal, State, or local quarantine or isolation order related to coronavirus; full salary to a max of \$511/day for ten days (FFCVRA)</p> <p>___ 2) I have been advised by health care provider to self-quarantine due to coronavirus and cannot work remotely; full salary to a max of \$511/day for ten days.</p> <p>___ 3) I am experiencing symptoms of coronavirus and awaiting a diagnosis; full salary to a max of \$511/day for ten working days.</p> <p>___ 4) I am caring for an individual who is subject to quarantine; 2/3 salary to a max of \$200/day for ten work days.</p> <p>___ 5) I am caring for my child(ren) because the school is closed or childcare provider is unavailable due to coronavirus; 2/3 salary to a max of \$200/day for ten days.</p> <p>___ 6) I am experiencing a similar condition specified by Secretary of HHS; 2/3 salary to a max of \$200/day for ten days.</p>
Job Title:  Center/Location:  Employee ID#:  Bargaining Unit/Policy Group:	
Requested Dates of Leave:  From: _____ To: _____	<p><b>Documentation Needed for # 1-4:</b></p> <ul style="list-style-type: none"> <li>• Document indicating isolation or quarantine order or</li> <li>• Attestation Letter from Health Care Provider indicating isolation or quarantine</li> <li>• Letter from Health Care provider indicating diagnosis</li> </ul>
Employee Signature: _____ Date: _____	<p><b>Documentation Needed for # 5:</b></p> <ul style="list-style-type: none"> <li>• Copy of letter, email or correspondence from child's school district or child care provider related to school closure due to coronavirus.</li> </ul>
<b>AUTHORIZATIONS:</b>	
Official HR Action on Request:    ___ APPROVED    ___ DISAPPROVED    Director of Human Resources _____ Date _____	
Payroll Directions:	

Emergency Paid Sick Leave Effective Dates: \_\_\_\_\_

Attendance Office Initials: \_\_\_\_\_