



**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: \_\_\_\_\_

I am requesting this emergency paid sick leave due to my inability to work because (*check the appropriate reason and provide the requested information indicated below*):

☐ I am subject to a federal, state, or local quarantine order due to COVID-19.

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

***\*Please provide a copy of the order of quarantine\****

☐ 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 questions asked above, and that I am not able to work due to the reason for which I have requested leave.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**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: \_\_\_\_\_