



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 have tested positive for COVID.

****Please provide a copy of the 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

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: _____