

**EASTERN SUFFOLK BOCES – OFFICE OF HUMAN RESOURCES
NEW YORK STATE COVID-19 LEAVE REQUEST & NOTICE FORM
EFFECTIVE JANUARY, 2021**

Employee Name	Department/Building	Position/Title
Address	Home/Cell #	Email Address

Date of Request: _____

Manager/Supervisor: _____

By submitting this form with the information provided by the employee, the employee acknowledges the information provided by the employee is true and complete. The employee understands that any incorrect, incomplete, or false statements furnished by the employee may result in sufficient cause for denial of leave and/or disciplinary action. The employee agrees to provide the employer with any documentation requested to validate the reasons for leave. The employee agrees that it will provide an authorization to grant permission for the employer to verify information furnished by the employee regarding leave upon request. The employee acknowledges that they have read and understood the information in this document, and agrees to comply with the employer's policies and procedures related to New York State COVID-19 Leave, as well as any other applicable policies and rules related to this leave request.

Date

Employee Signature

Date

Human Resources Department Signature

**Please be sure to provide this request form to the Human Resources Department.*

REASON FOR LEAVE:

I am requesting New York State COVID-19 Leave because I am unable to work for the following reason:

- I am unable to telework and I am subject to a mandatory or precautionary order of quarantine or isolation issued by the state of New York, the department of health, local board of health, or a governmental entity duly authorized to issue such order due to COVID-19.

- Attached is the Order of Quarantine or Isolation from the local health department.

NOTE: You are not eligible for New York State COVID-19 Leave if you received a mandatory or precautionary order of quarantine or isolation due to non-work related travel to a restricted state or country.

DURATION OF LEAVE:

I request permission to take days off from work: _____ through _____

RETURN TO WORK:

- I understand that in order to return to work, I must provide ES BOCES with a Letter of Release of Quarantine from a Federal, State, or Local Department of Health.

CERTIFICATION:

You must accompany this request for COVID-19 leave with a mandatory or precautionary order of quarantine or isolation issued by the state of New York, the department of health, local board of health, or a governmental entity duly authorized to issue such order due to COVID-19. If your local health department is unable to immediately provide you with the order of quarantine or isolation, you must submit documentation from a licensed medical provider that has treated you, attesting that you qualify for the order. You must follow up with your local health department and submit the order from your local health department to the Human Resources Department as soon as it is available. Local health departments must provide the requested orders within 30 days.

USE OF PAID TIME OFF BENEFITS:

You will receive your regular rate of pay for approved New York State COVID-19 Leave for the duration of the period of quarantine or isolation up to 14 calendar days. You will be paid the amount that you would have otherwise received had you been continuing to work for that period based upon the hours that you were scheduled or would have been scheduled to work.