

**NEW YORK STATE
COVID-19
PAID SICK LEAVE
REQUEST FORM**

The New York State COVID-19 Paid Sick Leave Request Form should be submitted to Human Resources using the email address: COVID19leave@nasbores.org

Date: _____ Employee Name: _____ ID# _____

Job Title: _____ Location: _____

Requested Leave Dates: _____ until _____

I am requesting New York State Emergency Paid Sick leave because I am unable to work or telework because of the following reason (**check only one**):

1. I am subject to an isolation order by the State of New York, the Department of Health, the local Board of Health or any government entity related to COVID-19.

A copy of this order/test result is attached, and the name of the entity advising precautionary isolation is: _____

2. I received a positive test result using an over the counter (OTC) home test.

Manufacturer of the home test is _____. A photo of the positive test is attached.

Please note that tests administered at home will be accepted for purposes of determining isolation. However, you should follow up with a PCR or Rapid Antigen test from a medical provider.

Provide a brief explanation of your situation so that we may better assess your request (attach additional sheets as needed, or include the explanation in your email when you submit your form):

I acknowledge that the Nassau BOCES may seek certification of my need for a leave.

By submitting this form, I certify that all information is correct and truthful. Misrepresentations may lead to discipline, including possible termination. Also, filing a false instrument with Nassau BOCES may constitute a misdemeanor and/or disciplinary action.

Employee Signature