

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

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

Date: _____ Employee Name: _____ ID# _____

Job Title: _____ Location: _____

First Day of Symptoms: _____ Requested Leave Dates: _____ until _____
(First day of symptoms is Day 0)

I am requesting New York State Emergency Paid Sick leave because I am unable to work or telework because of the following reason:

I received a positive PCR test result. (OTC home tests will no longer be accepted) A copy of the test result is attached.

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 entry, 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