



**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@nasboces.org](mailto:COVID19leave@nasboces.org) email address.

Date of Request: \_\_\_\_\_

Employee Name: \_\_\_\_\_ ID# \_\_\_\_\_

Job Title: \_\_\_\_\_ Location: \_\_\_\_\_

Requested Leave Dates: \_\_\_\_\_, 2021 until \_\_\_\_\_, 2021

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 a mandatory quarantine 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 is attached and the name of the entity ordering quarantine is: \_\_\_\_\_

\_\_\_ Check here if your quarantine order is not due to voluntary travel to restricted locations. (For a complete list of restricted locations, please visit <https://coronavirus.health.ny.gov/covid-19-travel-advisory>.)

\_\_\_\_\_ 2. I am subject to a precautionary isolation 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 is attached, and the name of the entity advising precautionary isolation is: \_\_\_\_\_

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

