



COVID19-NEW YORK SICK LEAVE

Eligible full and part employees are entitled to up to 14 calendar days (ten working days) of employer paid and job protected sick leave for up to three separate consecutive periods in connection with three orders of mandatory or precautionary isolation and/or quarantine due to COVID-19.

Employee Information:

College:

Name:

Empl. ID:

Title:

Department:

Cell Phone:

Email address:

Supervisor Name:

Supervisor Email:

Reason for leave:

- 1. First period of isolation/quarantine

Date from: To:

Following the initial period of or isolation/quarantine, the employee must provide documentation of a negative COVID-19 test result or appropriate medical clearance before returning to work.

- 2. Second period of isolation/quarantine

Date from: To:

A positive COVID test result is required to be paid for a second period of isolation/quarantine.

- 3. Third period of isolation/quarantine

Date from: To:

A positive COVID test result is required to be paid for a third period of isolation/quarantine.

This benefit is not available to employees who are physically able to work remotely. While on this leave employees **are not** required to use their existing leave accruals under New York’s COVID-19 sick leave law.

Employee Attestation

I attest that the above information is accurate. I understand that following my initial order of isolation/quarantine, I must provide the appropriate medical documentation prior to returning to work. I also understand that in order to be paid for a second and third period of isolation, I must provide a positive COVID-19 test result.

Employee Signature:

Date:

Received by Human Resources

Signature:

Date: