



**COVID Paid Sick Leave
Request Form
(Effective April 1 – May 30, 2020)**

You or someone you love may be affected by the COVID-19 pandemic. Should you need paid sick leave for any of the reasons listed below, please complete this form and include any supporting information, such as a physician's note, to validate your requested leave. Once complete, it should be submitted to your manager.

Employee Name: _____ **Department Name:** _____

Employee #: _____ **Date(s) Requested:** _____

Reason for Paid Sick Leave Request: please select one

- _____ You are subject to federal, state, or local quarantine or isolation order related to COVID-19.
- _____ You have been advised by health care provider to self-quarantine due to concerns related to COVID-19.
- _____ You are experiencing symptoms of COVID-19 and seeking medical diagnosis, or you are caring for an individual who is subject to quarantine order as described above.
- _____ You are caring for a dependent whose school or daycare is unavailable, or the childcare provider is unavailable due to COVID-19 precautions. *Please note that our first priority is providing safe, high quality care to our patients, and there may be rare instances where your supervisor requires an employee to report to work, rather than take paid time off as a result of competing child care needs.*

Your manager must approve COVID Paid Sick Leave. The COVID Paid Sick Leave runs concurrent to the New York State Emergency Sick Leave and FMLA, if applicable.

Employee Signature: _____ **Date:** _____

Once completed, please give this form and provide supporting documentation, if needed, to your manager.

Manager Approval: _____ **Date:** _____

Manager please forward the completed form to Stacy Reif in OHW.

Stacy Reif
Lead HR Specialist Leave Management
Phone: 518-562-7564
Fax: 518-562-7568
Email: sreif@cvph.org

Occupational Health & Wellness Signature: _____

Date: _____