

Request for Emergency Paid Sick Leave under NYS COVID-19 Paid Sick Leave Law

I am requesting Emergency Paid Sick Leave under the NYS COVID-19 Paid Sick Leave Law:

Dates. I request leave for the following dates: _____;

Certification: _____ (please initial)

I certify that I am unable to either work or telework from home based on the following reason: The employee is subject to a Federal, State, or local quarantine or isolation order related to COVID-19 issued by a public health department.

Name of governmental entity that issued quarantine or isolation order:

By signing below, I certify that the information provided herein is true. Specifically, I confirm that I am unable to work or telework for the reason indicated above on the dates for which I am requesting Emergency Paid Sick Leave.

Signature: _____

Date: _____

Name: _____

Return completed form to: Greene County Human Resources, 411 Main Streets, Catskill NY 12414