



HUMAN RESOURCES DIVISION

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NYS PAID COVID LEAVE REQUEST FORM

The New York State Department of Health has changed practices and is not always providing quarantine orders to quarantined individuals. In the scenario that you are quarantined, but did not receive orders, please complete the following form to be reimbursed for New York State Paid COVID Leave.

A reminder that an employee shall not qualify for sick leave under New York’s COVID-19 sick leave law for more than three orders of quarantine or isolation. The second and third orders must be based on a positive COVID-19 test for the individual employee. **Employees who have been reimbursed will receive a confirmation email once credited. This process takes a minimum of two payroll cycles to be reflected on your paystub.**

Employee Name:	Date of Application:
Position & Building:	Dates of Requested Leave:

I, _____, an employee of the City School District of Albany, affirm that I am hereby unable to work due to the COVID-19 reason below:

I am subject to a federal, state, or local quarantine or isolation order related to COVID-19 and entitled to 14 calendar days (10 work days) of paid sick leave at regular rate of pay.

**Include the name and address of the government entity that issued the quarantine or isolation order to which the employee is subject AND the documentation that the employee has tested positive for COVID-19:*

Please provide any supporting documentation with your request.

Any days you are unable to work due to the above reason should be entered into Absence Management as sick days. Submit this form and supporting document to Andréa West, Assistant Human Resources Administrator via email awest@albany.k12.ny.us.

SCHOOL DISTRICT USE ONLY Approved Denied

Name

Date