

## **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 periods in connection with three orders of mandatory or precautionary isolation and/or quarantine due to COVID-19.

<u>Emplo</u>	yee Information:		
College	e:		
Name:		Empl. ID:	
Title:		Department:	
Cell Phone:		Email address:	
Supervisor Name:		Supervisor Email:	
Reaso	n for leave:		
1.	First period of isolation/quarantin Date from:	e To:	
2.	Second period of isolation/quaran	Second period of isolation/quarantine	
	Date from:	To:	
A posit	tive COVID test result is required to b	e paid for a second period of isolation/quarantine.	
3.	Third period of isolation/quarantin	e	
	Date from:	To:	
A posit	tive COVID test result is required to b	e paid for a third period of isolation/quarantine.	
		who are physically able to work remotely. While on this leave isting leave accruals under New York's COVID-19 sick leave law.	
	t that the above information is accur eriod of isolation, I must provide a p	Employee Attestation ate. I also understand that in order to be paid for a second and ositive COVID-19 test result.	
Employ	yee Signature:	Date:	
Receive Signatu	ed by Human Resources ure:	Date:	