



Northern Adirondack Central School

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District Office:

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NYS EMERGENCY PAID COVID-19 LEAVE REQUEST FORM

An employee who is subject to a mandatory or precautionary order of quarantine or isolation issued by the state of New York, the Department of Health, local Board of Health, or any governmental entity duly authorized to issue such order due to COVID-19, shall be provided with at least 10 days (2 weeks) of paid sick leave during any mandatory or precautionary order of quarantine or isolation. This order does not cover an employee who has traveled voluntarily to a country or State that requires a quarantine upon return.

Please note that leave for this request will not be approved until all appropriate documentation has been provided (copy of isolation/ quarantine order.)

I. GENERAL INFORMATION

1. Name: _____

2. Job Title: _____

3. Date(s) for which leave is requested: _____ - _____

4. Have you previously taken FFCRA leave for an order of isolation or quarantine?

☐ Yes

☐ No

If Yes, Dates taken: _____ - _____

II. QUALIFYING REASON

☐ I have been placed under a quarantine/ isolation order by the DOH or other authorized government agency.

*Please attach a copy of the isolation/ quarantine order to this form.

Employee Signature

Date