



# Arlington Central School District

## Office of Human Resources

### Employee Request for Covid Paid Sick Leave and/or Remote Work

Please complete the below request for leave pursuant to the New York Paid Family Leave COVID-19. The form is also to be completed if you are approved to work remotely by ACSD. The form should be returned to the Office of Human Resources at [mkeller@acsdny.org](mailto:mkeller@acsdny.org) (non-instructional staff) or [mgraham@acsdny.org](mailto:mgraham@acsdny.org) (instructional staff) or 144 Todd Hill Road, LaGrangeville, NY 12540, as soon as possible. Returning the form electronically is preferred *with required backup documentation* (i.e.-medical note(s), DOH quarantine order, etc).

Name: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Title: \_\_\_\_\_ Building: \_\_\_\_\_

*Check the box(es) that are applicable to your current situation.*

☐ This is my first request for paid quarantine leave

☐ This is not my first request for paid quarantine leave

☐ I am not able to work remotely and I'm required to quarantine from:

☐ Start of quarantine: \_\_\_\_\_

☐ End of quarantine: \_\_\_\_\_

☐ I will be working remotely while quarantining.

☐ Received approval to work remotely by \_\_\_\_\_

☐ Days worked remotely: \_\_\_\_\_

#### I. Reason for Leave/ Remote Work (check all applicable)

\_\_\_\_ 1. I have tested positive for COVID-19.

\_\_\_\_ 2. I am subject to my first Federal, State, or local quarantine or isolation order related to COVID-19 but have not tested positive.

\_\_\_\_ 3. I have been directed by my employer to self-quarantine related to COVID-19.

A. If you selected **reason 1** above, provide proof of the positive test and, if received, a copy of the quarantine order(s).

\_\_\_\_\_

B. If you selected **reason 2** above, provide the name of the governmental entity ordering the quarantine or the name of the health care professional advising self-quarantine. Also attach a copy of the quarantine order or correspondence from the health care professional advising self-quarantine.

\_\_\_\_\_

C. If you selected **reason 3** above, provide the name of the supervisor ordering the quarantine and provide any available documentation.

\_\_\_\_\_

#### II. Certifications

**I certify that, for each of the days that I request leave (if applicable), I am unable to work remotely because of one of the 4 reasons listed above. I understand that I need to contact my principal and/or immediate supervisor if I am approved to work remotely but unable to do so. I certify that the above information is accurate and complete:**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## *New York State Paid Family Leave COVID-19: Frequently Asked Questions*

### **1) I'm under a second or subsequent order of quarantine or isolation but I have not tested positive for COVID-19. Am I eligible for COVID-19 quarantine leave?**

Employees are only eligible for a subsequent period of COVID-19 quarantine leave if they have received a positive COVID-19 test.

### **2) How many times am I able to qualify for COVID-19 quarantine leave?**

Employees may qualify for COVID-19 quarantine leave for up to three orders of quarantine or isolation. The second and third orders of quarantine or isolation must be based on a positive COVID-19 test.

### **3) Am I eligible for COVID-19 quarantine leave if my employer mandates I remain out of work due to exposure or potential exposure to COVID-19 but I am not under an order of quarantine or isolation?**

If an employer mandates that an employee who is not otherwise subject to a mandatory or precautionary order of quarantine or isolation remain out of work due to exposure or potential exposure to COVID-19, regardless of whether the exposure was in the workplace, the employer must continue to pay the employee at the employee's regular rate of pay until the employer permits the employee to return to work or the employee becomes subject to a mandatory or precautionary order of quarantine or isolation, at which time the employee shall receive COVID-19 quarantine leave as required by [NY's COVID-19 legislation](#), in accordance with the Department of Labor guidance, for the period of time the employee is subject to such mandatory or precautionary order of quarantine or isolation.

### **4) Am I eligible for COVID-19 quarantine leave for a second or subsequent quarantine?**

An employee who subsequently tests positive for COVID-19 following a period of mandatory quarantine or isolation or who continues to test positive for COVID-19 after the end of a period of quarantine or isolation shall be deemed to be subject to a mandatory order of isolation from the Department of Health and shall be entitled to NY's COVID-19 quarantine leave. The employee must submit documentation from a licensed medical provider or testing facility attesting that the employee has tested positive for COVID-19. If the positive test was administered by the employer, then the employee does not need to submit documentation to that employer to receive COVID-19 paid sick leave benefits.