

Request for COVID-19-Related Time Away From Work

Employee Information			
Employee Name	Site	Employee #	
Daytime Phone Number	NYPA: Management IBEW UWUA Canals: M/C PEF CSEA		

Type of Leave Requested

Part 1 - Up to 14 days of paid time off	Part 2 – Day 15 up to 10 additional weeks (Emergency Family & Medical Leave - EFMLA)
I certify that I am unable to work (or telework) for the following reason:	I certify that I am unable to work (or telework) for the following reason:
<p>I am subject to a federal, state or legal quarantine or isolation order related to COVID-19.</p> <p>I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.</p> <p>I am experiencing symptoms of COVID-19 and am seeking a medical diagnosis.</p> <p>I am caring for an individual who was advised by a health care provider to self-quarantine.</p> <p>I am caring for my dependent child (under the age of 18) because school or place of care has been closed or is unavailable due to COVID-19 precautions; and</p> <p style="text-align: center;">I attest that no other suitable person is available to care for my child during the requested period.</p>	<p>I am caring for my dependent child (under the age of 18) because school or place of care has been closed or is unavailable due to COVID-19 precautions; and</p> <p style="text-align: center;">I attest that no other suitable person is available to care for my child during the requested period.</p> <p>I have been employed by NYPA/Canals for at least 30 calendar days.</p>
Date Leave Will Begin:	Date Leave Will Begin:
Date You Expect to Return:	Date You Expect to Return:
<div style="display: flex; justify-content: space-around;"> Continuous Intermittent </div>	<div style="display: flex; justify-content: space-around;"> Continuous Intermittent </div>
Explain proposed schedule for intermittent time off:	Explain proposed schedule for intermittent time off:
	<p>You are required to use accruals, less up to \$200/day provided by NYPA/Canals. Designate the order in which eligible accruals should be used.</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>NYPA: (Floating Holiday, Personal, Vacation)</p> <ol style="list-style-type: none"> 1. 2. </div> <div style="width: 45%;"> <p>Canals: (Comp Time, Floating Holiday, Personal, Vacation)</p> <ol style="list-style-type: none"> 1. 2. 3. </div> </div>

Employee Statement Supporting Time Off

I, _____, am providing the following information in support of my Request for COVID-19-Related Time Away From Work.

Complete all that apply (Print clearly or type):

Time off due to a government-issued quarantine or isolation order:

Name of the issuing government agency for the quarantine or isolation order:

Effective dates of the order: From:

To:

Time off due to a health care provider's advice to self-quarantine:

Name of the health care provider advising me or the individual I am caring for to self-quarantine:

Name and relation of the individual who I need to care for:

Name: _____ Relation: _____

Time off due to a school or place of child care closed due to COVID-19:

Name of school, place of care or caregiver unavailable due to COVID-19:

Name and age of child or children I need to care for:

Name: _____ Age: _____

Name: _____ Age: _____

Name: _____ Age: _____

No other suitable person is available to care for my child for the requested leave period due to:

Employee Signature (type or sign your name)

Date

HR Approval

HR Representative (Print Name)

HR Representative Signature (type or sign your name)

Date

Approved

Denied

You may be eligible for other available leaves of absence based on normal eligibility rules.