

**New York State**

**COVID 19 Paid Sick Leave Act Request Form**

The FIT Foundation and Student Housing Corporation are required by the State of New York to provide 5 days (one week) of paid, job protected sick leave to employees due 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 government entity duly authorized to issue such order due to COVID-19. The paid sick leave days provided to employees under the law are exclusive of any sick leave entitlements granted to you as an employee of FIT. **Please note that if you are quarantined but are able to work from home you do not qualify for New York State Paid Sick Leave.**

If you are requesting paid sick leave under the New York State COVID19 Paid Sick Leave provision due to a mandatory or precautionary order of quarantine or isolation, you must complete and return this form via email to [cherese\\_hillcartagen@fitnyc.edu](mailto:cherese_hillcartagen@fitnyc.edu). You must provide as much advance notice as is reasonably practicable and have your direct supervisor sign the bottom of the form. You may be required to provide additional supporting documentation or an order of quarantine upon request.

<b>Employee Name:</b>		<b>Employee Email:</b>
<b>Employee ID#:@</b>	<b>Department:</b>	<b>Direct Supervisor:</b>
<b>Employee Home Phone:</b>		<b>Employee Cell Phone:</b>
<b>This is a request for (choose one):</b> <input type="checkbox"/> New leave <input type="checkbox"/> Leave extension <input type="checkbox"/> Revised Request		
<b>Anticipated 1st Day of Leave:</b>		<b>Expected Last Day of Leave:</b>

I certify that the above information is accurate and complete. Falsification of this request is subject to discipline up to, and including, dismissal. I understand that if I fail to report for work on or before the scheduled return date indicated above or fail to contact Human Resources regarding my absence from work beyond such scheduled date of return, my employer may take corrective action.

Please sign and date as required below and return the form to [cherese\\_hillcartagen@fitnyc.edu](mailto:cherese_hillcartagen@fitnyc.edu).

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

**Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**Human Resources Signature** \_\_\_\_\_ **Date Received** \_\_\_\_\_

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**HR Approval Date**