



CANASTOTA CENTRAL SCHOOLS

NEW YORK STATE COVID-19 PAID LEAVE REQUEST FORM

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|---------------------------------|----------------------------------|
| Employee Name: | Date of Application: |
| Position & Building: | Dates of Requested Leave: |

I, _____, an employee of the Canastota Central School District, affirm the following:

Check as Applicable:

- I am subject to mandatory or precautionary order of quarantine or isolation issued by the State of New York, Department of Health, local board of health, or any government entity duly authorized to issue such order due to COVID-19.
- I am unable to work.

Certification:

***Please return this document and attached documentation to your supervisor.**

***Please provide upon receipt a copy of the COVID positive test result and/or quarantine or isolation order from the State of New York, Department of Health, local board of health, or any government entity duly authorized to issue such order due to COVID-19.**

I certify that the above information is accurate and complete.

Employee Signature: _____ Date: _____



CANASTOTA CENTRAL SCHOOL DISTRICT USE ONLY Approved Denied

Signature

Date