New York State COVID-19 Paid Sick Leave ("NYSCPSL") Request Form
NYCT, MABSTOA, SIRTOA, MTA BUS

Section 1 - Information and Instructions

The purpose of this form is to request New York State COVID-19 Paid Sick Leave.
EMPLOYEES ELIGIBLE TO APPLY:
All full-time or part-time employees who are currently unable to work, or telework, due to one of the following qualifying reasons:

1. Employee is subject to a federal, state, or local quarantine or isolation order related to COVID-19.
2. Employee has a positive COVID-19 test result.

HOW TO APPLY:
STEP 1: Submit this completed form to your Supervisor.
STEP 2: Provide quarantine order or your own COVID-19 positive test result.

Section 2 - Employee Information

Print Name	Last	First	M.I.	Suffix	BSC ID
					Pass #
NYC Transit SIRTOA MaBSTOA MTA Bus (check one)	☐ Emergency Responder	☐ Non-Essential Operations	☐ Non-Essential Administration		Department/Location
					Job Title
					Reg Work Sched
Phone (H)		Phone (W/M)			Email

Section 3 – Reason for Leave (& Job Code)

Please check only one:

1. I am subject to a federal, state, or local quarantine or isolation order related to COVID-19	☐	# 02705
2. I have a COVID-19 positive test result __1st usage; __2nd usage; __3rd usage	☐	# 02705

Section 4 – Request for Leave

Leave Start Date	Leave End Date

Section 5 – Supplemental Documentation Certification

A complete and sufficient certification to support a request for NYSCPSL includes written documentation of one of the following listed below. Please check one and append the relevant documentation to this form upon submission:

☐	Documentation from a federal, state, or local authority requiring quarantine or isolation related to COVID-19.
☐	Documentation showing COVID-19 positive test result.

Section 6 – Employee Authorization

I do hereby certify that to the best of my knowledge the above information is true and correct.

I understand that fraudulently requesting, obtaining and/ or misusing this leave will be cause for disciplinary action, up to and including dismissal from employment.

Employee Signature (electronic signature accepted)	Date