

**RENSELAER CITY SCHOOL DISTRICT  
NYS COVID-19 Paid Leave Request Form**

<b>Employee Name:</b>	<b>Date of Application:</b>
<b>Position &amp; Building:</b>	<b>Dates of Requested Leave:</b>

I, \_\_\_\_\_, an employee of Rensselaer City School District, affirm that I am hereby unable to work or telework due to the COVID-19 reason below:

**I am subject to a federal, state, or local quarantine or isolation order related to COVID-19**

*\*Include the name and address of the government entity that issued the quarantine or isolation order to which the employee is subject:* \_\_\_\_\_  
\_\_\_\_\_.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Please provide supporting documentation with your request, for example a copy of the quarantine or isolation order, a note from your health care provider, or other documentation, please attach it to this form.

Is supporting documentation attached?     Yes     No

.....  
SCHOOL DISTRICT USE ONLY     Approved     Denied

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date