

**COVID-19 AUTHORIZED LEAVE WITHOUT PAY REQUEST**

Per Governor Cuomo’s Executive order 202.4 an employee can opt to take an unpaid leave of absence during the COVID-19 pandemic. This executive order expires on April 29, 2020 and only pertains to non-essential workers. In the instance the order is extended, the leave may also be extended by written notification to the Personnel Department.

I request the following voluntary change in the condition of my employment beginning:

\_\_\_\_\_/\_\_\_\_\_/2020 and continuing through 4/29/2020

I agree to take an authorized leave without pay. I understand that any leave without pay for more than one week may affect my leave accruals.

Name of Employee (print)\_\_\_\_\_

Department\_\_\_\_\_ Job Title\_\_\_\_\_

(please check)

- I am an essential employee
- I am not an essential employee

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

If giving oral or email approval please respond via e-mail that you have read the below and you agree, and understand:

I, \_\_\_\_\_, have read this application for emergency COVID-19 Unpaid Leave of Absence and swear that it is true to the best of my knowledge. I know the meaning of perjury, it is to tell a lie under oath and I know that false statements made herein are punishable as a Class A misdemeanor pursuant to Section 210.45 of the Penal Law of the State of New York. In addition, I know that Onondaga County is relying on the truth of the information contained on this application to award me emergency FMLA benefits and that I may be subject to disciplinary proceedings and repayment of any benefit received hereunder, should the application contain a lie(s).

Approved By:

Personnel\_\_\_\_\_ Date:\_\_\_\_\_

Payroll\_\_\_\_\_ Date:\_\_\_\_\_