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ACCTING
COMMISSIONER

**COUNTY OF ONONDAGA**  DEPARTMENT OF PERSONNEL

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**NYS PAID COVID LEAVE (January 21, 2021)**

Governor’s paid COVID Leave legislation signed on March 18, 2020, provides coverage for employees who themselves have been placed under an isolation or quaranitine order or whose child has been placed in quarantine or isolation.  As of 12/31/2020 the Federal Families First Corona Virus Response Act (FFCRA) expired, and all COVID leaves will be under the NYS PAID COVID Leave. As of January 20, 2021, new guidance was issued from the NYS DOL.

This leave now provides up to three (3) leaves of up to Fourteen (14) days each for an employee under mandatory isolation or quarantine orders from the Health Department or Government entity (ONLY)  **Or** For an employee whose son or daughter has been issued an isolation or quarantine order from the Health Department or Government entity (ONLY). Leaves #2 and #3 can only be used for a positive test for the individual employee. A physician’s isolation order for a patient who has tested positive, can also now be accepted.

**In order to be eligible for this leave, the employee must submit the below form as well as a copy of the quarantine or isolation order for themselves or their child and a copy of their positive test if applicable** to their Payroll Clerk and County Personnel, Director of Employee Relations. Any Employee who used any type of COVID leave in 2020, can use any available balance, if one exists. Employees are only given their normal bi-weekly hours (70 or 80) in leave allowance or an average of hours if part time.

Employee’s Name: Click here to enter text.

Department Name: Click here to enter text.

Date(s) of Leave requested: Click here to enter a date. **to** Click here to enter a date.

Date of return to work order: Click here to enter a date.

Symptomatic: (please circle) Yes No

Tested Positive: ( Please circle) Yes No

How many Isolation orders have you received since March, 2020 ?(Please Circle) 1 2 3

**COVID-19 QUALIFYING REASON**

Statement: I certify that I am **unable** to work or telecommute because of a COVID-19 qualifying reason. Please circle one.

\_\_Quarantine/Isolation order received for myself \_\_\_\_\_\_\_\_\_Quarantine order received for my Child\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: Click here to enter a date.

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Payroll Dept. Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Personnel Dept. Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_