

NEW YORK STATE  
COVID-19  
PAID SICK LEAVE  
REQUEST FORM

The New York State COVID-19 Paid Sick Leave form should be submitted to Human Resources using the [COVID19leave@nasboces.org](mailto:COVID19leave@nasboces.org) email address.

Date: \_\_\_\_\_ Employee Name: \_\_\_\_\_ ID# \_\_\_\_\_

Job Title: \_\_\_\_\_

