CUNY THE GREATEST URBAN UNIVERSITY IN THE WORLD

EMERGENCY PAID LEAVE ATTESTATION & REQUEST FORM

COLLEGE:_____

Full-Time and Part-Time employees may be entitled to emergency paid sick leave if they are unable to work (or telework) because of the effects of COVID-19. The duration of leave and the percentage of pay is determined by the Qualifying Reason for the leave.

To request Emergency Paid Sick Leave under the Families First Coronavirus Response Act (FFCRA) please complete the following request form and attestation and submit to your human resources department with any supporting documentation as soon as possible.

Employee Information:

Empl. ID: _____

Name: _____

Department: _____

Contract Title: _____

Supervisor Name:_____

Phone: _____ Email: _____

Contact While on Leave: _____

Phone: _____ Email: _____

Check One: ☐Full-Time ☐ Part-Time Number of Hours Worked per Week: _____

Period of Leave Requested:

Leave Start Date: _____

Leave End Date: _____

Employee Attestation:

I, _____, am requesting the period of Emergency Paid Sick Leave above and I am/was unable to work or telework because of the Qualifying Reason selected below:

☐ 1) I am subject to a federal, state, or local quarantine or isolation order related to COVID-19.

Name of the Government Entity that issued the quarantine or isolation order: _____
Effective dates of the order: _____

☐ 2) I have been advised by a health care provider to self-quarantine due to concerns related to COVID-19.

Name of the Health Care Provider who provided the advice: _____

☐ 3) I am experiencing symptoms of COVID-19 and seeking a medical diagnosis.

Provide details regarding the need for this leave and the name of the health care provider you intend to consult with: _____

☐ 4) I am caring for an individual who is subject to either number 1 or 2 above.

Name: _____ Relation:_____

Name of the Government Entity that issued the quarantine or isolation order: _____

Name of the Health Care Provider who provided the advice: _____

☐ 5) I am caring for my child whose primary or secondary school or place of care has been closed, or my childcare provider is unavailable due to COVID-19 precautions. For purposed of this section, child means a biological, adopted, or foster child, a stepchild, legal ward, or a child of a person standing in loco parentis, who is under 18 years of age;

Name of school or place of care closed due to concerns related to COVID-19: _____

Name of child caregiver unavailable due to concerns related to COVID-19: _____

Name and age of child or children I am needed to care for:

Name: _____ Age: _____
Name: _____ Age: _____
Name: _____ Age: _____

I attest that no other suitable person is available to care for my child or children during the period of requested leave.

❑ I attest special circumstances exist requiring my need for leave to care for a child over the age of 14.

☐ 6) I am experiencing another substantially similar condition specified by the secretary of health and human services.

Provide details regarding the need for this leave: _____

_____

I understand that providing false or misleading information regarding the need for Emergency Paid Sick Leave or any Families First Coronavirus Response Act qualifying reason will be grounds for appropriate action, which could include discipline up to and including termination of employment in accordance with applicable CUNY policies and collective bargaining agreements.

Employee Signature: _____ Date: _____

For Human Resources Use Only

HR Representative Name: _____

HR Representative Signature: _____ Date: _____