

**DELAWARE COUNTY PERSONNEL OFFICE**  
1 COURTHOUSE SQUARE - STE 2, DELHI, NEW YORK 13753

TELEPHONE #: (607) 832-5678

FAX #: (607) 832-6044

HEALTH INSURANCE #: (607) 832-5678

Carrara Knoetgen  
Personnel Officer



Brenda Stone, Personnel Technician  
Frances Ackerly, Sr. Human Resource Clerk I  
DeAnna Backus, Human Resource Clerk  
Wendy Layton, Personnel Clerk

**Employee Request for Paid Sick Leave under NYS Quarantine Law**

I am requesting Paid Sick Leave under the New York State Employee Benefits Quarantine Law (Legislative Bill 12052-01-0, passed March 18, 2020) (“NYSQPL”)

A. **Dates** I request leave for the following dates: \_\_\_\_\_

B. **Certification** I certify that I am unable to either work or telework from home based on the following Qualifying Reason below:

Employee is under a mandatory or precautionary order of quarantine or isolation (copy of completed Quarantine Attestation required).

Employee is under mandatory order of isolation due to a positive COVID test by health care provider, State, New York State Department of Health, local Board of Health, home test, etc. (copy of completed Isolation Attestation required)

C. Documentation\*\* I have provided the following documents in support of my request (**List and Attach**):

\_\_\_\_\_

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_, 2022

Print name: \_\_\_\_\_

\*\*Per US DOL: “If one of your employees takes paid sick leave under the Emergency Paid Sick Leave Act, you must require your employee to provide you with appropriate documentation in support to the reason for the leave, including: the employee’s name, qualifying reason for requesting leave, statement that the employee is unable to work, including telework, for that reason, and the date(s) for which leave is requested. Documentation of the reason for the leave will also be necessary, such as the source of any quarantine or isolation order.