

COVID-19 Related Paid Sick Leave Request Form NYCT, MABSTOA, SIRTOA, MTA BUS

HR-BEN-928



Section 1 - Information and Instructions

The purpose of this form is to request COVID-19 related paid sick leave under the Federal Emergency Sick Leave Act or New York's COVID-19 Paid Sick Leave. Paid sick leave under the Federal Emergency Sick Leave Act is available until December 31, 2020.

EMPLOYEES ELIGIBLE TO APPLY:

All full-time or part-time employees who are currently unable to work, or telework, due to one of the following qualifying reasons:

1. Employee is subject to a federal, state, or local quarantine or isolation order related to COVID-19.
2. Employee has been advised by a health care provider to self-quarantine related to COVID-19.
3. Employee is experiencing COVID-19 symptoms and is seeking a medical diagnosis.
4. Employee is caring for an individual subject to an order described in (1) or self-quarantined as described in (2).
5. Employee is caring for a child whose school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons.*

*Employees eligible for leave under the Federal Emergency Family and Medical Leave Expansion Act (EFMLEA) should instead apply for EFMLEA leave online or submit the HR BEN 028 FMLA & the HR BEN 929 Request form.

EMPLOYEE'S BENEFIT UNDER PAID SICK LEAVE:

Employees meeting the above eligibility requirements are entitled to take up to two weeks of paid sick leave (in addition to sick time accrued) based on the higher of their regular rate of pay or the applicable state or federal minimum wage, paid at:

- 100% for qualifying reason #1 above for NYS COVID-19 and up to \$511 daily and \$5,110 total for EPSLA under the federal law.
- 100% for qualifying reasons #2-3 above, up to \$511 daily and \$5,110 total.
- 2/3 for qualifying reason #4-5 above, up to \$200 daily and \$2,000 total.

A part-time employee is eligible for leave for the number of hours that the employee is normally scheduled to work over that period.

IMPORTANT NOTE: Employees that decide to use their sick leave accruals do not need to complete this form.

HOW TO APPLY:

STEP 1: Submit this completed form via email to Workforce.Relations@nyct.com prior to the start of your leave or as soon as practicable. (**DO NOT SUBMIT to the BSC** to avoid any delay in processing your application)

STEP 2: Provide supporting documentation based on your reason for the request and submit as instructed in Section 5 of this form.

If you have any questions, please contact NYCT Human Resources at Workforce.Relations@nyct.com

Section 2 - Employee Information

Print Name	Last				First		M.I.	Suffix	BSC ID
									Pass No.
NYC Transit SIRTOA MaBSTOA MTA Bus (check one)	<input type="checkbox"/> Emergency Responder	<input type="checkbox"/> Non-Essential Operations		<input type="checkbox"/> Non-Essential Administration					Department
									Job Title
									Reg Work Sched
Home Address									
City								Zip Code	
Phone (H)				Phone (W/M)				Email	

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Section 3 – Reason for Leave (& Job Code)

Please check only one:

1. I am subject to a federal, state, or local quarantine or isolation order related to COVID-19	<input type="checkbox"/>	# 02320
2. I have been advised by a health care provider to self-quarantine related to COVID-19	<input type="checkbox"/>	# 02324
3. I am experiencing COVID-19 symptoms and am seeking a medical diagnosis	<input type="checkbox"/>	# 02326
4. I am caring for an individual subject to an order described in (1) or self-quarantine as described in (2)	<input type="checkbox"/>	# 02327
5. My child's school or place of care is closed (or child care provider is unavailable) due to COVID-19 related reasons	<input type="checkbox"/>	# 02328

Section 4 – Request for Leave (Maximum 80 hours)

Leave Start Date	Leave End Date
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Section 5 – Supplemental Documentation Certification

A complete and sufficient certification to support a request for Paid Sick Leave due to a COVID-19 related reason includes written documentation of one of the following listed below. Please check one and append the relevant documentation to this form upon submission:

<input type="checkbox"/>	Documentation from a federal, state, or local authority requiring quarantine or isolation related to COVID-19 for self or an individual in which you are providing care (<i>Documentation required after Federal, and Statewide mandate is complete</i>).
<input type="checkbox"/>	Documentation signed by a healthcare provider advising self-quarantine related to COVID-19 for self or an individual in which you are providing care
<input type="checkbox"/>	Documentation signed by a healthcare provider indicating a doctor's visit as it is related to obtaining a medical diagnosis for COVID-19 related symptoms
<input type="checkbox"/>	Notice of closure or unavailability from child's school, place of care, or childcare provider and proof of child's attendance, along with child's birth certificate

Section 6 – Employee Authorization

I do hereby certify that to the best of my knowledge the above information is true and correct.

I understand that fraudulently requesting, obtaining and/ or misusing this leave will be cause for disciplinary action, up to and including dismissal from employment.

Employee Signature (electronic signature accepted)	Date
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Section 7 – For Human Resources/Timekeeping Review & Approval Only (Check one)

<input type="checkbox"/>	Employee has received 2 weeks prior administrative leave as of 4/1/2020		
<input type="checkbox"/>	Meets Eligibility Requirements	<input type="checkbox"/>	Does Not Meet Eligibility Requirements
Human Resources/Timekeeping Staff Approval (electronic signature accepted)			
Name	BSC ID	Date	