**COVID-19 PAID SICK LEAVE POLICY**

**April 2020**

Pursuant to the NY COVID-19 Paid Sick Leave law, implemented to prevent the spread of the novel coronavirus, [INSERT COMPANY NAME] will provide up to {5} Delete as appropriate for 11-99 employees } or {14} (Delete as appropriate for 100 or more employees} or \_\_\_\_ calendar days of paid sick leave to **eligible employees**.

To be eligible for the paid sick leave, an employee must be subject to a mandatory or precautionary order of quarantine or isolation for COVID-19 which is issued by the state, Department of Health, local board of health or any government entity (that has the authority to do so) and be unable to telework or otherwise work remotely.

Employees will have job protection for the duration of the mandatory or precautionary order of quarantine or isolation for COVID-19 (which meets the aforementioned criteria) in accordance with the law. Health benefits will be maintained in accordance with the law.

Employees who are subject to such an order or who have a minor child subject to a mandatory or precautionary order of quarantine or isolation for COVID-19 which is issued by the state, Department of Health, local board of health or any government entity (that has the authority to do so) may also be eligible for paid time off under the Paid Family Leave expansion.

Employees who need to care for a family member covered by the Paid Family Leave law may also be eligible for paid time off under the traditional Paid Family Leave law.

The Company may require documentation in accordance with the law. If you have questions regarding this policy, should contact you’re their Human Resources Department or [INSERT OTHER CONTACT NAME and NUMBER].

**ACKNOWLEDGMENT OF RECEIPT OF [INSERT COMPANY NAME]’S** **COVID-19 PAID SICK LEAVE POLICY**

My signature below acknowledges my receipt of and understanding of the above policy. I also understand and agree that if I have any questions regarding the content or interpretation of the policy, I will bring them to the attention of my immediate supervisor or a member of the Company’s management team.

Employee Name (Printed) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_