



# OFFICE OF PERSONNEL & LABOR RELATIONS

CITY OF SYRACUSE, MAYOR BEN WALSH

## Leave Request Due to Covid-19 (Coronavirus)

*If unable to work due to age or an underlying health condition, mandatory quarantine, or symptoms of Covid-19 (Coronavirus) please provide this form and relevant documentation to your Department Head or their designee for review.*

**Donna D. Briscoe**  
Director

Name \_\_\_\_\_ Date of Request \_\_\_\_\_

Department \_\_\_\_\_

By submitting this form, I acknowledge the following:

- I have attached the required documentation that shows I am unable to work due to age or underlying health condition, mandatory quarantine, or symptoms of the virus.
- I will keep my department informed of any changes to my status
- I understand that I must immediately return to work when cleared by a medical professional, and if granted compassionate leave, any unused time will be returned. (Please provide return to work notice).

\_\_\_\_\_  
(Department Representative or Employee Signature)

\_\_\_\_\_  
(Date)

**Departments:** If necessary, fill out a form on behalf of an employee who is unable return form in person, in signature line write "via phone" or "via email" and sign.

*Forward via email to Donna Briscoe **and** Margaret Chajka for review.  
dbriscoe@syrgov.net/mchajka@syrgov.net*

**Personnel has reviewed all documents and has determined the employee should:**

\_\_\_\_\_ Be allowed to work from home or placed on Administrative Leave if unable to work remotely.

\_\_\_\_\_ Be granted \_\_\_\_ days compassionate sick leave:

\_\_\_\_\_ Compassionate Leave has been approved by the Mayor.

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