



**New Mexico State Personnel Office**  
**Paid COVID-19-Related Conditions Leave Form**  
**Conditions 1-4**

Form - Jan. 1, 2021

SHARE Code: PDCVL

**Agency/Employee Information**

Date:  Business Unit Name:  Bus. Unit #:

Employee Name: \_\_\_\_\_ Empl ID: \_\_\_\_\_

Request #: \_\_\_\_\_ Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
(not to exceed 2 weeks)

Number Hours Administrative Leave Requested:  
(not to exceed 80 hours)

**Due to the public health emergency declared by the Governor on March 11, 2020, and pursuant to State Personnel Board Rule 1.7.7.14, Administrative Leave, and State Personnel Office General Memorandum 2020-004, employee is requesting Paid COVID-19-Related Conditions Leave for one or more of the following COVID-19-Related Conditions as determined by the department secretary or agency head, up to eighty (80) hours. These Conditions are identified in General Memorandum 2020-004.**

Employee certifies that I meet the conditions below and that I am unable to telework or work from home.  
**(Manager or Division Director must confirm by signing below.)**

**The COVID-19-Related Conditions are: (complete all that apply)**

1. The employee is subject to a government quarantine or isolation order related to COVID-19;
2. The employee has been advised by a healthcare provider or the employee's secretary/agency head to self-isolate due to COVID-19;
3. The employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis or awaiting results of a COVID-19 test;
4. The employee is caring for an individual subject to a quarantine order or self-isolation.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager or Division Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Confirming inability to telework or work from home)

Human Resources Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Agency Head/ Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State Personnel Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required)