



**New Mexico State Personnel Office
Paid COVID-19-Related Conditions Leave Form
Condition 5 (Caring for Son or Daughter)**

Form - Jan. 22, 2021

SHARE Code: PFCVL

Agency/Employee Information

Date: Business Unit Name: Bus. Unit #:

Employee Name: _____ Empl ID: _____

Request #: _____ Begin Date: _____ End Date: _____
(not to exceed 4 workweeks)

Hours per Week Requested:
(not to exceed 20 hours per week)

Balance of Workweek Hours: _____ Regular Hours Worked _____ Annual Leave _____ LWOP _____
(hours per week must total a full workweek) Combination _____
(if a combination, enter hours per category)

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 the following COVID-19-Related Condition as determined by the department secretary or agency head, up to twenty (20) hours per week for four (4) weeks. This Condition is identified in General Memorandum 2020-004.

Employee certifies that I meet the condition 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 Condition is: (check and complete fully)

The employee is caring for the employee's son or daughter under 18 years of age (or 18 years of age or older who has a mental or physical disability and is incapable of self-care because of that disability) if schools are closed or their caregivers are unavailable because of a public health emergency.

***!! Employee certifies there is no other suitable person available to care for my son or daughter during the period requested above. *!!**

Previous Requests Granted - Begin Date: _____ End Date: _____
(leave blank if this is 1st request)

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 approval NOT required)