



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

Form - Jan. 31, 2022

SHARE Code: PDCVL

**Agency/Employee Information**

Date:  Business Unit Name:  Bus. Unit #:

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

Request #: \_\_\_\_\_ Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
(not to exceed 10 consecutive workdays)

Number Hours Administrative Leave Requested:  
(may be consecutive or intermittent -- if intermittent, specify leave hours requested)

- **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 2022-001, employee is requesting Paid COVID-19-Related Conditions Leave for one or more of the following COVID-19-Related Conditions as determined by the Cabinet Secretary or Agency Head, up to ten (10) consecutive workdays. These Conditions are identified in General Memorandum 2022-001.**

**By checking here, Employee certifies:  
*I meet one or more of the conditions below and, as a result, I am unable to telework or work from home for the number of hours of COVID-19 Leave requested above.*  
(Manager or Division Director must confirm by signing below.)**

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

1. Employee is subject to isolation or quarantine related to COVID-19 pursuant to government order or Agency policy;
2. Employee was advised by healthcare provider, Cabinet Secretary/Agency Head, or Agency HR to isolate or quarantine due to COVID-19;
3. Employee is experiencing symptoms of COVID-19 and seeking a medical diagnosis/awaiting results of a COVID-19 test;
4. Employee is caring for an individual subject to an isolation or quarantine order related to COVID-19.

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

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

Agency HR Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

State Personnel Director Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(only required if more than five consecutive workdays up to ten consecutive workdays)