



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

Form - Jan. 31, 2022  
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:  
(may be consecutive or intermittent --  
if intermittent, specify leave hours  
requested; may not exceed 20 hours per  
week)

Hrs Work/Telework      Accrued Leave      LWOP

Balance of Workweek Hours: \_\_\_\_\_ Combination \_\_\_\_\_  
(hours per week must total a full workweek) (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 2022-001*, employee is requesting Paid COVID-19-Related Conditions Leave for the following COVID-19-Related Condition as determined by the Cabinet Secretary or Agency Head, up to twenty (20) hours per week for four (4) weeks. This Condition is identified in *General Memorandum 2022-001*.

By checking here, Employee certifies:  
*I meet the condition 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 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) because the school or childcare facility for the child has been closed or the caregiver or childcare provider of such son or daughter is 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)

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

Agency Head/Designee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(State Personnel Director approval NOT required)

**THE STATE PERSONNEL OFFICE MAY AUDIT  
THE USE OF PAID ADMINISTRATIVE LEAVE FOR COVID-19-RELATED CONDITIONS**