



Metropolitan Transportation Authority

State of New York

At-Home COVID-19 Positive Test Affirmation

I, _____, do hereby affirm that the photograph I have provided the MTA in connection with my request for New York State COVID-19 Paid Sick Leave is an authentic photograph and reflects my own COVID positive test result or that of my child/dependent.* The at-home COVID-19 test in the photograph was taken on _____ [date].

I understand that any false information or intentional misrepresentation contained in this affirmation may result in disciplinary actions, up to and including termination.

Employee Name: _____ BSC ID/Agency Pass No: _____ / _____

Employee signature: _____ Date: _____

*Please note, a child or dependent's positive COVID test may only be used for an employee's first use of NYS Covid Paid Sick Leave. If an employee has already used NYS Covid Paid Sick Leave for any reason, a child or dependent's positive COVID test does not entitle them to leave.