



Department of Public Health

Monroe County, New York

Adam J. Bello
County Executive

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Commissioner of Public Health

Provider Template for Paid Family Leave

Include all fields below in provider letter:

Email completed provider letter to COVID19@monroecounty.gov

Submit letter on Office/Provider Letter Head

Patient Name: _____ DOB: _____

Address: _____

Phone Number: _____ Email: _____

(Dept. of Health to send letter to patients email, unless they do not have one)

Name of Quarantined/Isolated Individual: _____

(If different than above)

Beginning Date of Quarantine/Isolation: _____

End Date of Quarantine/Isolation: _____

Name of Provider (Typed or Printed): _____

Signature of Provider: _____ Signature Date: _____

Email completed provider letter to COVID19@monroecounty.gov

The above information is required for the Department of Health to issue a Paid Family Leave letter. Physician's letters may differ in format.

If you have any questions, contact the Monroe County COVID 19 Hotline at (585) 753-5555