

RETURN TO WORK AUTHORIZATION FOR NURSING HOME EMPLOYEES

တၢ်ဟ့ၣ်ခွဲးစိကမီၤတၢ်လဲၤမၤက့ၤတၢ်ဖံးတၢ်မၤလၢတၢ်ကွၢ်ထွဲပုၤသးပုၤအပုၤမၤတၢ်ဖိတဖၣ်အဂီၢ်

COMPLETE IF YOU HAVE BEEN A CONFIRMED OR SUSPECTED CASE OF COVID-19.

နမ့ၢ်ဘၣ်တၢ်ဟံၣ်ဂၢၢ်ဟံၣ်ကျၢၤ မ့တမ့ၢ် ဘၣ်တၢ်တယၢ်ကွၢ်လၢအဘၣ်ကံး COVID-19 န့ၣ် မၤပုၤလီၤတၢ်ဂ့ၢ်တက့ၢ်

I, (print name) _____, do hereby affirm that: If I tested positive for COVID-19 and have remained asymptomatic:

ယၤ (ကွဲးလီၤမံၤ) _____, အၢၣ်လီၤဟံၣ်ဂၢၢ်ဟံၣ်ကျၢၤလၢ-
ယမ့ၢ်ဘၣ်မၤကွၢ်သးဖျါလၢဘၣ်ကံး COVID-19 ဒီး အိၣ်ဒီးတၢ်ဆါကွၢ်ပနီၣ်န့ၣ်-

- I can return to work 14 days from my first positive COVID-19 test day.
- ယလဲၤမၤက့ၤတၢ်ဖံးတၢ်မၤသ့စးထီၣ်ဖဲယမၤကွၢ်သးဖျါလၢဘၣ်ကံး COVID-19 ပူၤကွံၣ် 14 သီန့ၣ်လီၤ

If I tested positive for COVID-19 and have been symptomatic:

ယမ့ၢ်မၤကွၢ်သးဖျါလၢဘၣ်ကံး COVID-19 ဒီး အိၣ်ဒီးတၢ်ဆါကွၢ်ပနီၣ်န့ၣ်-

- I can return to work 14 days after the onset of COVID-19 symptoms and
- ယလဲၤမၤက့ၤတၢ်ဖံးတၢ်မၤသ့စးထီၣ်ဖဲ COVID-19 တၢ်ဆါကွၢ်ပနီၣ်တဖၣ် စးထီၣ်သးပူၤကွံၣ် 14 သီဒီး
- I have been fever free for at least 72 hours (3 days), without the use of fever-reducing medications, and
- ယလီၤတကီၢ်လၢဘၣ်အစ့ၤကတၢၢ် 72 န့ၣ်ရံၣ် (3 သီ) လၢတအိၣ်ဘၣ်ကသံၣ်ကသီတဖၣ်လၢမၤစ့ၤလီၤလီၤ တၢ်လီၤကီၢ် ဒီး
- My COVID-19 respiratory symptoms are improving.
- ယ COVID-19 တၢ်သါထီၣ်သါလီၤအကွၢ်ပနီၣ်တဖၣ်ကိညၢ်ထီၣ်က့ၤဝဲန့ၣ်လီၤ

The current guidance for the Return to Work for Nursing Home Employees is attached hereto. Sworn and subscribed by me on (today's date) _____, 2020 _____

ခါခဲအံတၢ်န့ၣ်ကျဲလၢ တၢ်လဲၤမၤက့ၤတၢ်ဖံးတၢ်မၤလၢတၢ်ကွၢ်ထွဲပုၤသးပုၤအပုၤမၤတၢ်ဖိတဖၣ်အဂီၢ်
ဘၣ်တၢ်ဘျးစဲယုာ်အီၤဖဲအံၤန့ၣ်လီၤ. ယအၢၣ်လီၤအီၤလီၤသးဒီးလူၤပိာ်မၤထွဲတၢ်အံၤဖဲ (တနံၤအံၤအနံၤသီ)
_____, 2020 _____

(SIGNATURE) NOTE: YOUR SIGNATURE DOES NOT HAVE TO BE ACKNOWLEDGED BY A NOTARY PUBLIC; YOU ARE SWEARING TO THE VERACITY OF THE INFORMATION YOU HAVE PROVIDED ON THE FORM.

(ဆဲးလီၤမံၤ) တီၢ်နီၣ်-

အလီၢ်တအိၣ်လၢနတၢ်ဆဲးလီၤမံၤအံၤကဘၣ်တၢ်အၢၣ်လီၤတူၢ်လိာ်အီၤလၢကမျၢၢ်ပီၢ်ရီၣ်ခိၣ်ကျၢၢ်ဘၣ်န့ၣ်လီၤ
နအၢၣ်လီၤအီၤလီၤသးလၢတၢ်ဂ့ၢ်တၢ်ကျိၤလၢနဟ့ၣ်ဘၣ်အီၤလၢက့ၢ်ဒိအံၤမ့ၢ်တၢ်မ့ၢ်တၢ်တီၢ်န့ၣ်လီၤ.

Should this affirmation be sworn to as indicated, then based solely on such affirmation above, and accepting such information as fact, I, Gale R. Burstein, Commissioner, Erie County Department of Health, do hereby find the that the affirming individual herein is able to return to work subject to current and future orders, protocols, guidance, or any other official direction promulgated by any agency of the United States Government, New York State Government, or Erie County Government having subject matter authority.

ယဟ်ဂၢၢ်ဟ်ကျၢၢ်ဒီးအၢၣ်လီၤအီၤလီၤသးဒ်တၢ်ဒုးန့ၣ်ဟ်ဖျါထီၣ်တ့ၢ်အသိး,
ဝံဒီးဒီးသန့ၤထီၣ်သးလၢတၢ်ဂ့ၢ်တၢ်ကျိၤလၢထး, ဒီးတူၢ်လိာ်တၢ်ဂ့ၢ်တၢ်ကျိၤအံၤဒ်တၢ်မၤအသးနီၢ်နီၢ်အသိး, ယၤ Gale R.
Burstein, ဒီၣ်မံးရှၢၣ်န့ၣ်, Erie County Department of Health, ထံၣ်ဘၣ်လၢပုၤလၢတၢ်ဟ်ဂၢၢ်ဟ်ကျၢၢ်အီၤအံၤ
လဲၤမၤဘၣ်က့ၤတၢ်ဖံးတၢ်မၤလၢဘၣ်ထွဲဒီးခါခဲအံၤဒီးခါဆူညါတၢ်န့ၣ်လီၤတၢ်သိၣ်တၢ်သီမိၢ်ပုၤသနီၣ်တၢ်န့ၣ်ကျဲမ့တမ့ၢ်
တၢ်န့ၣ်လီၤလၢဘၣ်တၢ်ဘိးဘၣ်ရီၤလီၤအီၤခိဖျါကီၢ်အမဲရကၤပဒိၣ်န့ၣ်ယီၣ်ကီၢ်စဲၣ်ပဒိၣ်မ့တမ့ၢ် Erie County
ကရၢတဖုလၢလၢဘၣ်ထွဲဒီးတၢ်ဟ့ၣ်ခွဲးယာ်အဂ့ၢ်န့ၣ်လီၤ.

RETURN TO WORK AUTHORIZATION FOR PERSONS OTHER THAN NURSING HOME EMPLOYEES

တၢ်ဟ့ၣ်ခွဲးစိကမီၤတၢ်လဲၤမၤက့ၤတၢ်ဖိးတၢ်မၤပုၤလၢတမ့ၢ်တၢ်ကွၢ်ထွဲပုၤသးပုၤအပုၤမၤတၢ်ဖိတဖၣ်

COMPLETE IF YOU HAVE BEEN A CONFIRMED OR SUSPECTED CASE OF COVID-19.

နမ့ၢ်ဘၣ်တၢ်ဟံၣ်ဂၢၢ်ဟံၣ်ကျါၤ မ့တမ့ၢ် ဘၣ်တၢ်တယၢ်ကွၢ်လၢအဘၣ်ကံဒီး COVID-19 န့ၣ် မၤပုၤလီၤတၢ်ဂ့ၢ်တက့ၢ်

I, (print name) _____, do hereby affirm that:

ယၤ (ကွဲးလီၤမံၤ) _____, အၢၣ်လီၤဟံၣ်ဂၢၢ်ဟံၣ်ကျါၤလၢ-

- I have maintained isolation for at least 10 days after first experiencing COVID-19 symptoms (e.g., fever, cough, or shortness of breath) or 10 days after my first positive test if asymptomatic and
- ယဘၣ်တၢ်ဟံၣ်အိၣ်လီၤဆီသးအစ့ၤကတၢၢ် 10 သီစးထီၣ်ဖဲတူၢ်ဘၣ် COVID-19 တၢ်ဆါကွၢ်ပနီၣ်တဖၣ် (အဒိ-လိၤကိၢ် ကူး မ့တမ့ၢ် ကသါတလၢသါ) မ့တမ့ၢ် ဖဲယမၤကွၢ်သးဖျါလၢအိၣ်ဒီးတၢ်ဆါကွၢ်ပနီၣ်ပူၤကွၢ် 10 သီဒီး
- I have been fever free for at least 72 hours (3 days), without the use of fever-reducing medications, and
- ယလီၤတကိၢ်လၢဘၣ်အစ့ၤကတၢၢ် 72 န့ၣ်ရံၣ် (3 သီ) လၢတအိၣ်ဘၣ်ကသံၣ်ကသီတဖၣ်လၢမၤကယါလီၤတၢ်လိၤကိၢ် ဒီး
- My COVID-19 symptoms are improving.
- ယ COVID-19 တၢ်ဆါအကွၢ်ပနီၣ်တဖၣ်ကိယၢ်ထီၣ်က့ၤဝဲန့ၣ်လီၤ

I further affirm that, when I return to work, I will wear a facemask for at least 14 days from the date I began experiencing COVID-19 symptoms or 14 days after my first positive test if asymptomatic.

ယဟံၣ်ဂၢၢ်ဟံၣ်ကျါၤစ့ၢ်ကီးလၢ တုၤယလဲၤမၤက့ၤတၢ်ဖိးတၢ်မၤန့ၣ် ယကကျီၤတၢ်ကးဘၢမဲၣ်အစ့ၤကတၢၢ် 14 သီစးထီၣ်ဖဲယဒီးန့ၣ် COVID-19 တၢ်ဆါကွၢ်ပနီၣ်တဖၣ် မ့တမ့ၢ် ဖဲယမၤကွၢ်သးဖျါလၢအိၣ်ဒီးတၢ်ဆါကွၢ်ပနီၣ်ပူၤကွၢ် 14 သီန့ၣ်လီၤ

Sworn and subscribed by me on (today's date) _____, 2020

ယအၢၣ်လီၤအိၣ်လီၤသးဒီးလူၤပိၣ်မၤထွဲတၢ်အံၤဖဲ (တနံၤအံၤအနံၤသီ) _____, 2020

_____ (SIGNATURE)

_____ (ဆဲးလီမံ)

NOTE: YOUR SIGNATURE DOES NOT HAVE TO BE ACKNOWLEDGED BY A NOTARY PUBLIC; YOU ARE SWEARING TO THE VERACITY OF THE INFORMATION YOU HAVE PROVIDED ON THE FORM. Should this affirmation be sworn to as indicated, then based solely on such affirmation above, and accepting such information as fact, I, Gale R. Burstein, Commissioner, Erie County Department of Health, do hereby find the that the affirming individual herein is able to return to work subject to current and future orders, protocols, guidance, or any other official direction promulgated by any agency of the United States Government, New York State Government, or Erie County Government having subject matter authority.

တိန်နီ- နတင်ဆဲးလီမံအလီတအိန်လကဘန်တင်အာန်လီတူင်လိအီခီဖျိပဒိန်ပုဟ့ုတင်ခွဲးစိကမီဘန်- နအာန်လီအီလီသးလတင်ဂွံတင်ကျိလနဟ့ုဘန် အီလကတိုန်ဒိအံမ့တင်မ့တင်တီနီလီ

တင်အံကြားဘန်တင်အာန်လီအီလီသးဒ်ဘန်တင်ဟ်ဖျါအီအသိး

အါန့ဒီးသန့ထီန်သးလတင်ဂွံတင်ကျိအကံင်လီနီကီလီလထး ဒီးတင်တူင်လိတင်ဂွံတင်ကျိအမူနီအံ ယါ Gale R. Burstein, ဒိန်မံရှုန်နာန်, Erie County Department of Health,

ထံန်ဘန်လပုလတင်ဟ်ဂါဟ်ကျါအီအံလဲမဘန်က့တင်ဖဲးတင်မလဘန်ထွဲဒီးခါခဲအံဒီးခါဆူညါတင်နီလီ တင်သိန်တင်သီမိပုင်သနီ တင်နီကျဲ မ့တမ့ တင်နီလီလဘန်တင်ဘိးဘန်ရီလီအီခီဖျိကီအမဲရကပဒိန် န့ုယီန်ကီစဲပဒိန် မ့တမ့ Erie County ကရတဖုလင်လင်လဘန်ထွဲဒီးတင်ဟ့ုခွဲးယာ်အဂုန်နီလီ

AFFIRMATION OF SELF-QUARANTINE OR SELF-ISOLATION COMPLETE SECTION

တၢ်ဟံၣ်ဂၢၢ်ဟံၣ်သးလၢမၤလၢပွဲၤဘၣ်နီၣ်ကစၢ်တၢ်ဟံၣ်အိၣ်လီၤဆီသး မ့တမ့ၢ် နီၣ်ကစၢ်တၢ်ဟံၣ်အိၣ်လီၤဖျါသး

(1) IF YOU HAVE SELF-QUARANTINED DUE TO COVID-19 EXPOSURE COMPLETE SECTION

(1) နမ့ၢ်မၤလၢပွဲၤဘၣ်နီၣ်ကစၢ်တၢ်ဟံၣ်အိၣ်လီၤဆီသးခိဖျါလၢဘၣ်ကံ COVID-19

(2) IF YOU HAVE SELF-ISOLATED DUE TO HAVING BEEN CONFIRMED OR SUSPECTED OF HAVING COVID-19

(2) နမ့ၢ်မၤလၢပွဲၤဘၣ်နီၣ်ကစၢ်တၢ်ဟံၣ်အိၣ်လီၤဖျါသး ခိဖျါလၢတၢ်ဟံၣ်ဂၢၢ်ဟံၣ်ကျါ မ့တမ့ၢ် ဘၣ်တၢ်တယၢ်ကွၢ်လၢဘၣ်ကံ COVID-19

SECTION 1: I, (print name) _____, do hereby affirm that I self-quarantined from _____, 2020 until _____, 2020 consistent with guidance and protocol issued by the New York State Department of Health.

အဆၢဖိ 1- ယၢ (ကွဲးလီၤမံၤ) _____, အၢၣ်လီၤဟံၣ်ဂၢၢ်ဟံၣ်ကျါလၢ မၤလၢပွဲၤဘၣ်နီၣ်ကစၢ်တၢ်ဟံၣ်အိၣ်လီၤဆီသး စးထီၣ် _____, 2020 တုၤ _____, 2020 အိၣ်စံာ်အိၣ်ကျါသးဒီးတၢ်န့ၣ်ကျဲးဒီးတၢ်သိၣ်တၢ်သီမိၢ်ပှၢ်သနီၣ်လၢဟ့ၣ်လီၤသးခိဖျါ န့ၣ်ယီၣ်ကီၢ်စဲာ်ဆူၣ်ချ့ဝဲၤကျိၤ န့ၣ်လီၤ

Specifically, during the period of self-quarantine, I met the guidance for: Mandatory Quarantine (Initial all that apply)

လီၤဆီဒၣ်တၢ် “ဆၢကတီၢ်ဖဲနီၣ်ကစၢ်တၢ်ဟံၣ်အိၣ်လီၤဆီသးအခါ” ယမၤလၢပွဲၤဘၣ်တၢ်န့ၣ်ကျဲးလၢအမ့ၢ်- တၢ်အိၣ်လီၤဆီသးအဂ့ၢ်လၢဘၣ်လူၤဟီၣ်မၤထွဲ (ကွဲးဖျါလၢဘၣ်ထွဲခဲလၢကံ)

_____ I had been in close contact with someone who had tested positive for COVID19 or who was, at the time, in mandatory isolation; or

_____ ယအိၣ်ဘူးအိၣ်တံၢ်ဘၣ်ဒီးပှၢ်တဂၤလၢဘၣ်ကံဒီး မ့တမ့ၢ် ဘၣ်ကံတ့ၢ်ဒီး COVID19 ဖဲဆၢကတီၢ်လၢ အိၣ်လၢတၢ်အိၣ်လီၤဖျါသးအဂ့ၢ်လၢဘၣ်လူၤဟီၣ်မၤထွဲ- မ့တမ့ၢ်

_____ I had returned within 14 days from an area outside of Western New York that is known for having community spread of COVID-19; or

_____ ယဟဲကွဲလၢ Western New York ဟီၣ်ကဝီၤချၢလၢတၢ်သ့ၣ်ညါအီၤလၢအိၣ်ဒီး COVID-19 ရၤလီၤသးလၢပှၤတၢ်ပူၤလၢ 14 သီတီၢ်ပူၤ- မ့တမ့ၢ်

_____ My child had been in close contact with someone who tested positive for COVID-19 or who was, at the time, in mandatory isolation; or

_____ ယဖိအိၣ်ဘူးအိၣ်တံၢ်ဘၣ်ဒီးပှၤတၢ်ဂၤလၢဘၣ်ကံဒီး မ့တမ့ၢ် ဘၣ်ကံတ့ၢ်ဒီး COVID19 ဖဲဆၢကတီၢ်လၢ အိၣ်လၢတၢ်အိၣ်လီၤဖျိၣ်သးအဂ့ၢ်လၢဘၣ်လူၤဟိၣ်မၤထွဲ- မ့တမ့ၢ်

_____ My child had returned within 14 days from an area outside of Western New York that is known for having community spread COVID-19.

_____ ယဖိဟဲကွဲလၢ Western New York ဟီၣ်ကဝီၤချၢလၢတၢ်သ့ၣ်ညါအီၤလၢအိၣ်ဒီး COVID-19 ရၤလီၤသးလၢပှၤတၢ်ပူၤလၢ 14 သီတီၢ်ပူၤ- မ့တမ့ၢ်

This form may be used for New York Paid Family Leave COVID-19 claims as if it was an individual Order for Quarantine or Isolation issued by the Erie County Commissioner of Health.

ကိၣ်ဒိအံၤကဘၣ်တၢ်စူးကါအီၤလၢ New York Paid Family Leave (န့ၤယီၣ်တၢ်ယုၣ်ခွဲးပတုၣ်တၢ်မၤဒီးန့ၢ်ဘူးလဲလၢ ဟံၣ်ဖိဃီဖိဂီၢ်) လၢတၢ်ယုၣ်အိၣ်လိး COVID-19 အဂီၢ်ဒ်အမ့ၢ်တၢ်န့ၣ်လီၤပှၤတၢ်ပူၤစုၣ်စုၣ် လၢတၢ်အိၣ်လီၤဆီသး မ့တမ့ၢ် တၢ်အိၣ်လီၤဖျိၣ်သး လၢဟ့ၣ်လီၤသးခိဖျိ Erie County ဆူၣ်ချ့ခိၣ်မံးရှၢၣ်န့ၣ်သ့န့ၣ်လီၤ

More information about COVID Paid Family Leave can be found at <https://paidfamilyleave.ny.gov/COVID19> and <https://www.dol.gov/agencies/whd/pandemic/ffcr-employee-paid-leave>.

ကွၢ်အါထီၣ်တၢ်ဂ့ၢ်တၢ်ကျိၤဘၣ်သး New York Paid Family Leave (န့ၤယီၣ်တၢ်ယုၣ်ခွဲးပတုၣ်တၢ်မၤဒီးန့ၢ်ဘူးလဲလၢ ဟံၣ်ဖိဃီဖိဂီၢ်) သ့ဖဲ <https://paidfamilyleave.ny.gov/COVID19> ဒီး <https://www.dol.gov/agencies/whd/pandemic/ffcr-employee-paid-leave>.

SECTION 2:

အဆၢဖိ 2-

I, (print name) _____, do hereby affirm that I self-isolated from _____, _____, 2020 until _____, _____, 2020 consistent with guidance and protocol issued by the New York State Department of Health.

ယါ (ကွဲးလီမံ) _____, အါနီလီဟ်ဂါဟ်ကျါလါ
မါလါပဲါဘုနီကစါတါဟ်အါနီလီဆီသး စးထီနီ _____, 2020 တုါ _____, 2020
အါနီစံအါနီကျါသးဒီးတါနီနီကျါဒီးတါသိနီတါသီမိပုါသနီလါဟ့ုလီသးဒီဖျါ နူယီနီကီစဲနီဆူဂဲါကျါ
န့ုလီ

Specifically, during the period of self-isolation, I met the guidance for: Mandatory Isolation (Initial all that apply)

လီဆီဒ်တါ “ဆါကတီဖဲနီကစါတါဟ်အါနီလီဆီသးအါ” ယါမါလါပဲါဘုတါနီကျါလါအမ့ု-
တါအါနီလီဆီသးအဂ့ုလါဘုလူဟ်မါထွဲ (ကွဲးဖျါလါဘုထွဲခဲလါ)

_____ I experienced COVID-19 symptoms and self-isolated from the time I was tested until the time I received my negative results; or

_____ ယါတူါဘု COVID-19 တါဆါက့ုပနီတဖုဒီးနီကစါအါနီလီဆီသးစးထီနီဖဲဒီးကွဲးသးဖျါတုါလါ
အစါဖျါလါတါဆါသးတါအါနီလါဘုတစုန့ုလီ

_____ I tested positive for COVID-19 (for NYS Paid Family Leave COVID-19 submit your individualized Order for Isolation or the Standing Order for Isolation issued by the Erie County Department of Health); or

_____ ယါဒီးကွဲးသးဖျါလါဘုကံဒီး COVID-19 (NYS Paid Family Leave လါ COVID-19

တီနီထီနီနီနီကစါတါနီလီလါ

တါအါနီလီဆီသး မ့တမ့ု တါနီလီပတြါလါတါအါနီလီဆီသး ဟ့ုလီသးဒီဖျါ ဆူဂဲါကျါ)- မ့တမ့ု

_____ Testing was not available for me however, I experienced COVID-19 symptoms and had contact with a confirmed COVID-19 case; or

_____ တါမါကွဲးသးတါအါနီလါယဂီါ ဒဲလဲဂ့ုယါတူါဘု COVID-19 တါဆါက့ုပနီတဖုဒီးအါနီဘူးတါဘုဒီး
ပုါဘုကံ COVID-19- မ့တမ့ု

_____ My child experienced COVID-19 symptoms and self-isolated from the time my child was tested until the time we received a negative results or

_____ ယဖိတူၵ်ဘၣ် COVID-19 တၢ်ဆါက့ၢ်ပနီၣ်တဖၣ်ဒီးနီၣ်ကစၢ်အိၣ်လီၤဆီသးစးထီၣ်ဖဲဒီးကွၢ်သးဖျါတုၤလၢ အစၢဖျါလၢတၢ်ဆါဘၣ်တအိၣ်လၢဘၣ်တစု မ့တမ့ၢ်

_____ My child tested positive for COVID-19; or

_____ ယဖိဒီးကွၢ်သးဖျါလၢဘၣ်ကံးဒီး COVID-19- မ့တမ့ၢ်

_____ Testing was not available for my child however, my child had COVID-19 symptoms and had contact with a known COVID-19 case.

_____ တၢ်မၤကွၢ်သးတအိၣ်လၢယဖိအဂီၢ် ဒ်လဲၣ်ဂ့ၤယဖိတူၵ်ဘၣ် COVID-19 တၢ်ဆါက့ၢ်ပနီၣ်တဖၣ်ဒီးအိၣ်ဘူးတံၢ်ဘၣ်ဒီး ပုၤဘၣ်ကံး COVID-19 န့ၣ်လီၤ

Sworn and subscribed by me on (today's date) _____, 2020

ယအၢၣ်လီၤအီၤလီၤသးဒီးလူၤပိၣ်မၤထွဲတၢ်အံၤဖဲ (တနံၤအံၤအနံၤသီ) _____, 2020

_____ (SIGNATURE)

_____ (ဆဲးလီၤမံၤ)

NOTE: YOUR SIGNATURE DOES NOT HAVE TO BE ACKNOWLEDGED BY A NOTARY PUBLIC; YOU ARE SWEARING TO THE VERACITY OF THE INFORMATION YOU HAVE PROVIDED ON THE FORM. Should at least one line above be initialed and this affirmation be sworn to as indicated, then based solely on such affirmation above, and accepting such information as fact, I, Gale R. Burstein, Commissioner, Erie County Department of Health, do hereby find the that the affirming individual herein met the criteria for precautionary quarantine, or mandatory quarantine, or mandatory isolation as the case may be during the dates affirmed to above.

တီၢ်နီၣ်- နတၢ်ဆဲးလီၤမံၤအလီၢ်တအိၣ်လၢကဘၣ်တၢ်အၢၣ်လီၤတူၢ်လိာ်အီၤခီဖျိပဒိၣ်ပုၤဟ့ၣ်တၢ်ခွဲးစိကမီၤဘၣ်- နအၢၣ်လီၤအီၤလီၤသးလၢတၢ်ဂ့ၢ်တၢ်ကျိၤလၢနဟ့ၣ်ဘၣ် အီၤလၢကွီၣ်ဒိအံၤမ့ၢ်တၢ်မ့ၢ်တၢ်တီၣ်န့ၣ်လီၤ

တၢ်ဂ့ၢ်တၢ်ကျိၤလၢထးအံၤအစ့ၤကတၢ်တကျိၤကြးဘၣ်တၢ်ဟ်ဖျါဒီးတၢ်ဟ်ဂၢၢ်ဟ်ကျိၤအံၤကမ့ၢ်တၢ်အၢၣ်လီၤအီၤလီၤ သးဒ်ဘၣ်တၢ်ဟ်ဖျါအီၤအသိး အါန့ၢ်ဒီးသန့ထီၣ်သးလၢတၢ်ဂ့ၢ်တၢ်ကျိၤအကံၢ်လီၤနီၣ်ကီၢ်လၢထး

ဒီးတၢ်တူၢ်လိာ်တၢ်ဂ့ၢ်တၢ်ကျိၤအမူၢ်နီၢ်အံၤ ယၤ Gale R. Burstein, ဒီၣ်မံးရှၢၣ်န့ၢ်, Erie County Department of Health,
ထံၣ်ဘၣ်လၢပုၤလၢတၢ်ဟံၣ်ဂၢၢ်ဟံၣ်ကျၢၤအီၤအံၤလဲၤမၤဘၣ်က့ၤတၢ်ဖံးတၢ်မၤလၢဘၣ်ထွဲဒီးခါခဲအံၤဒီးခါဆူညါတၢ်န့ၣ်လီၤ
တၢ်သိၣ်တၢ်သီမိၢ်ပုၤသနီၣ်တၢ်န့ၣ်ကျဲမ့ၢ်တၢ်န့ၣ်လီၤလၢဘၣ်တၢ်ဘိးဘၣ်ရီၤလီၤအီၤခီဖျိကီၢ်အမဲရကၤပဒိၣ်
န့ၤယီၣ်ကီၢ်စံၣ်ပဒိၣ်မ့ၢ်Erie Countyကရၢတဖုလၢလၢဘၣ်ထွဲဒီးတၢ်ဟ့ၣ်ခွဲးယၢ်အဂ့ၢ်န့ၣ်လီၤ။

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ကိၣ်ဒိအံၤကဘၣ်တၢ်စူးကါအီၤလၢ New York Paid Family Leave (န့ၤယီၣ်တၢ်ဃုခွဲးပတုၢ်တၢ်မၤဒီးန့ၢ်ဘူး
လဲၤလၢဟံၣ်ဖိဃီဖိဂီၢ်) လၢတၢ်ဃုအီၣ်လိး COVID-19 အဂီၢ်ဒ်အမ့ၢ်တၢ်န့ၣ်လီၤပုၤတၢ်စုၣ်စုၣ်လၢတၢ်အိၣ်လီၤဆီသး
မ့ၢ်တမ့ၢ် တၢ်အိၣ်လီၤဖျိၣ်သး လၢဟ့ၣ်လီၤသးခီဖျိ Erie County ဆူၣ်ချ့ဒိၣ်မံးရှၢၣ်န့ၢ်သ့န့ၣ်လီၤ။
ကွၢ်အါထီၣ်တၢ်ဂ့ၢ်တၢ်ကျိၤဘၣ်ဃး New York Paid Family Leave
(န့ၤယီၣ်တၢ်ဃုခွဲးပတုၢ်တၢ်မၤဒီးန့ၢ်ဘူးလဲၤလၢဟံၣ်ဖိဃီဖိဂီၢ်) သ့ဖဲ <https://paidfamilyleave.ny.gov/COVID19> ဒီး
<https://www.dol.gov/agencies/whd/pandemic/ffcra-employee-paid-leave>.