|  |
| --- |
| Emergency Paid Sick Leave Act – Leave Request Form |
| Employee Name Today’s Date   |  |  | | --- | --- | |  |  | |
| Employee Street Address   |  | | --- | |  | |
| City State Zip Code   |  |  |  | | --- | --- | --- | |  |  |  |   **Does your spouse work for this company?**   |  |  | | --- | --- | | Yes | No |   **Reason for taking leave (check one):**  I’m currently subject to a federal, state or local quarantine or isolation order related to COVID-19.  I’ve been advised by a health care provider to self-quarantine related to COVID-19.  I’m caring for an individual subject to a quarantine or isolation order.  I’m experiencing COVID-19 symptoms and seeking a medical diagnosis.  I’m caring for a child whose school or place of care is closed due to COVID-19.  I’m experiencing any other substantially similar condition specified by the U.S. Department of Health and Human Services.  **Please complete the following section if leave will be taken continually or for the entire period.**  Date leave will begin: Date of return to work:   |  |  | | --- | --- | |  |  |   **Please complete the following section if leave will be taken intermittently.**  Schedule of needed time off:   |  | | --- | |  |   Employee Signature Date   |  |  | | --- | --- | |  |  |   Supervisor Signature Date   |  |  | | --- | --- | |  |  | |