

Emergency Paid Sick Leave Act – Leave Request Form

Employee Name	Today's Date
<input type="text"/>	<input type="text"/>

Employee Street Address
<input type="text"/>

City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>

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:
<input type="text"/>	<input type="text"/>

Please complete the following section if leave will be taken intermittently.

Schedule of needed time off:

<input type="text"/>

Employee Signature	Date
<input type="text"/>	<input type="text"/>

Supervisor Signature	Date
<input type="text"/>	<input type="text"/>