

# Emergency Paid Sick Leave Act – Leave Request Form

Employee Name

Today's Date

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Employee Street Address

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City

State

Zip Code

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**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:

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

Schedule of needed time off:

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Employee Signature

Date

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Supervisor Signature

Date

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