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| 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?**

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| [ ]  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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