**Proof of Leave Application and With/Without Salary Payment for Isolation/Quarantine**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Leave Applicant | Name |  | Date of Birth |  | National Identification  No. |  |
| Reason for Leave Application | | □Home isolation or quarantine, centralized isolation or quarantine deemed necessary by the competent authority of health.  □Provide care to person having difficulty taking care of himself or herself and is under isolation or quarantine | | | | |
| Leave Date(s) for  Isolation or Quarantine | | Please indicate the leave dates actually taken in detail | | | | |
| Whether salary was received during the leave period | | 1. No salary was received for days 2. Salary was received for days | | | | |
| GUI No.:  Company/Organization Name:  Responsible Person:  Company/Organization Telephone: ( )  Company/Organization Address: | | | | | | |

We hereby certify the above information is true.

Certified by

Company/Organization Seal:

Responsible Person Seal:

Note: Pursuant to Paragraph 1 of Article 36 of the Labor Standards Act: “A worker shall have two regular days off every seven days. One day is a regular leave and the other one is a rest day”; employers shall provide salaries for national holidays, regular holidays, and rest days.