

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		<input type="checkbox"/> Home isolation or quarantine, centralized isolation or quarantine deemed necessary by the competent authority of health. <input type="checkbox"/> 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.