

**MINIMUM WAGE AND PAID SICK LEAVE ORDINANCE
PSL DESIGNATION FORM**

Instructions: Please fill out the form completely.

Date: _____

Employee Name: _____

Employee Address: _____

Employee Phone Number: _____

Employee Email: _____

Business Name: _____

Business Owner or Manager: _____

1. Do you have a spouse or registered domestic partner?

- Yes
 No

2. If you do not have a spouse or domestic partner, do you wish to designate another individual for whom you can use your sick leave to provide care?

- Yes
 No

3. If yes, please specify the name of this individual below:

Designated Person Name: _____

Relationship to Employee: _____

Employee Signature: _____ **Date:** _____

Employer/Manager Signature: _____ **Date:** _____