



COVID-19 SELF DECLARATION FOR SPECIAL LEAVE WITH PAY

Employee Details

First Name	
Surname	
Grade	
Department	
Business Unit	

Dates of Special Leave with Pay for COVID-19 related self-isolation/self-quarantine

No of days advised to self-isolate/self-quarantine	
Commencing on (DD/MM/YYYY)	
Starting back at work on (DD/MM/YYYY)	

Advised to self-isolate/self-quarantine by (✓)

GP	<input type="checkbox"/>	HSE	<input type="checkbox"/>
Hospital	<input type="checkbox"/>	Other (please specify) _____	<input type="checkbox"/>

Advice received via (✓)

Telephone	<input type="checkbox"/>	Letter/email/test (please attach copy to this form)	<input type="checkbox"/>
In Person	<input type="checkbox"/>	Other (please specify) _____	<input type="checkbox"/>

DATA PROTECTION

The data requested in this form will be used to process your application for Special Leave with Pay (COVID-19 related) and will be retained as part of your personnel record for the appropriate period of time. The employer will treat all information and personal data you give according to the law.



Details of Advice to Self-Isolate/Self-quarantine

Name of adviser (e.g. name of GP, HSE worker)	
Date and time advice given	
Details provided to the adviser by you (e.g. places and dates of exposure)	

Declaration

I have read and understand the provisions of Special Leave with Pay as Set out in Part IX of Circular 02/1976.	YES	<input type="checkbox"/>
I understand that in the event on non-compliance with the provisions of special leave with pay (including the requirement to provide bona fide^a confirmation of self-isolation/diagnosis/self-quarantine of COVID-19) existing procedures, including disciplinary measures may be invoked.	YES	<input type="checkbox"/>
I understand that any overpayment of salary which may arise from non-compliance with the provisions of special leave with pay will be repaid.	YES	<input type="checkbox"/>
I have attached relevant documentation(where applicable)	YES	<input type="checkbox"/>
Employee Signature		
Date		

Manager Approval

Manager Signature	
Date	

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***Bona Fide** in relation to a representation or communication means in good faith and well founded in fact. The employer reserves the right to request further confirmation.