**Appendix 2: Special leave with pay self-declaration for COVID-19**

**Employee Details**

Name

Grade

Department

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

Dates From DD/MM/YYYY to DD/MM/YYYY

**Advised to self-isolate by (****)**

GP ☐ HSE ☐

Hospital ☐

Other (please specify)

☐

**Advice received via (****)**

Telephone ☐ Letter/email/text (please attach copy to this form)

In person ☐

Other (please specify)

☐

☐

**Details of Advice to Self-Isolate**

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 etc.)

**Declaration for Special Leave Pay**

I confirm I have read and understand the provisions of Special Leave with Pay as set out in Part IX of [Circular 02/1976](https://circulars.gov.ie/pdf/circular/finance/1976/02.pdf)

I understand that in the event of non-compliance with the provisions of special leave with pay (including the requirement to provide bona fide5 confirmation of self-isolation/diagnosis of COVID-19) existing procedures, including disciplinary measures may be invoked.

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 ☐

Yes ☐

Yes ☐

I have attached relevant documentation (where applicable) Yes ☐

Employee signature

Date

**Manager Approval**

Manager signature

Date

***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.*

**5** 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.