

## Self-declaration form

### 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

Number 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/text (please attach copy to this form)	<input type="checkbox"/>
In person	<input type="checkbox"/>	Other (please specify) _____	<input type="checkbox"/>

### 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 etc.)	

### 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 of non-compliance with the provisions of special leave with pay (including the requirement to provide bona fide <sup>9</sup> 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	

<sup>9</sup> 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.