**Appendix C: COVID-19 SELF DECLARATION FORM FOR SPECIAL LEAVE WITH PAY FOR PUBLIC HEALTH SERVICE EMPLOYEES**

This form should be read in conjunction with the currentHSE HR Circularand DPER FAQs for Public Service Employers in relation to working arrangements and leave associated with COVID-19,which can be accessed on the circulars section of the HSE website [**HERE**](https://www.hse.ie/eng/staff/resources/hr-circulars/hr-circulars-2023.html)

**Employee Details**

|  |  |
| --- | --- |
| First name |  |
| Surname |  |
| Personnel No. |  |
| Grade |  |
| Department/Location |  |
| Business Unit/Service Area |  |

**Dates of Special Leave with Pay for COVID-19**

|  |  |
| --- | --- |
| Dates | From DD/MM/YYYY to DD/MM/YYYY |

**Declaration**

|  |  |  |  |
| --- | --- | --- | --- |
| I confirm I have read and understand the provisions of Special Leave with Pay for COVID-19 as set out in the current HSE HR Circular and DPER FAQs. | | Yes | ☐ |
| I understand that in the event of non-compliance with the provisions of special leave with pay (including the requirement to provide bona fide[[1]](#footnote-1) confirmation of a positive COVID-19 test result) existing procedures, including disciplinary measures may be invoked. | | Yes | ☐ |
| 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 | ☐ |
| I have attached relevant documentation[[2]](#footnote-2) | | 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.*

1. 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. [↑](#footnote-ref-1)
2. Evidence of a positive test for COVID-19 including the date of the test. [↑](#footnote-ref-2)