**Appendix D: 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-2020.html)

**Employee Details**

|  |  |
| --- | --- |
| First name |  |
| Surname |  |
| Grade |  |
| Department/Location |  |
| Business Unit/Service Area |  |

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

|  |  |
| --- | --- |
| Number of days advised to self-isolate |  |
| Commencing on (DD/MM/YYYY) |  |
| Starting back at work on (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**

|  |  |  |  |
| --- | --- | --- | --- |
| 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 self-isolation/diagnosis of COVID-19) 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 (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.*

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)