

**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 current HSE HR Circular and 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](#).

**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	<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/

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	<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>1</sup> confirmation of self-isolation/diagnosis 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>1</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.

### **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.*