**COVID-19 SELF-DECLARATION FOR SPECIAL LEAVE WITH PAY**

**Employee Details**

|  |  |
| --- | --- |
| Name |  |
| Staff Number |  |
| Grade |  |
| Faculty/Division |  |
| School/Unit/Area |  |

**Date of Special Leave with Pay for COVID-19 related self-isolation (no more than 5 calendar days)**

|  |  |  |  |
| --- | --- | --- | --- |
| **From:** |  | **To:** |  |

**Declaration**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| I have read and understand the provisions of Special Leave with Pay as set out in [Circular 02/1976](https://circulars.gov.ie/pdf/circular/finance/1976/02.pdf) | | | | 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 that may arise from non-compliance with the provisions of Special Leave with Pay will be repaid | | | | Yes | 🞏 |
| I attached relevant documentation[[2]](#footnote-2) | | | | Yes | 🞏 |
| **Employee Signature** |  | **Date** |  | | |

**Manager Approval**

|  |  |  |  |
| --- | --- | --- | --- |
| **Manager Signature** |  | **Date** |  |

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. **Appropriate medical/HSE confirmation of the need to self-isolate and a diagnosis of COVID-19 will be required i.e. positive PCR test/registered positive antigen test on the HSE portal.**

   **2023/08** [↑](#footnote-ref-2)