

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	
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
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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	<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 ¹ confirmation of a positive COVID-19 test result) 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 ²	Yes	<input type="checkbox"/>

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.

² Evidence of a positive test for COVID-19 including the date of the test.

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.*