

HR 108 (C-19) COVID-19 Self Declaration Form for Special Leave with Pay

This Form should be read in conjunction with the current HSE HR Circular and DPER FAQs dealing with special leave with pay for COVID-19. The up-todate Circular/FAQs can be accessed via this link:

https://www.hse.ie/eng/staff/resources/hr-circulars/hr-circulars-2020.html

			Se	ecti	on1.	Emp	loyee D	eta	ails								
Surname:						Fir	First Name:										
Grade:					Pe	rsonnel N	o:										
Location:																	
Business Unit / Service Ar	rea:																
		Sect	ion	2.0	COVII	D-19	related	se	lf is	olat	ion						
Number of days advised to Self isolate:																	
Commencing on:																	
Starting back to work:																	
Section 3. Advised to self-isolate by																	
Please Click the appropriate box																	
General Practitioner (GP):							Hospital:										
Other (Please Specify):							HSE:										
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			Sec	tior	א 4. A	dvic	e Recei	veo	d via	а							
Please Click the appropriate box																	
Letter/Email/text (please attach copy to this form):							In Person:										
Other (Please Specify):						Telephone:											
S	Section	on 5	. De	etai	ls of a	advic	e to Sel	lf- i	isola	ate							
Name of Adviser (Eg.	Name	of G	P or	HSE	Ework	er):			1								
Date and time advice	was g	liven	•														
Details provided to the	e advi	ser b	у уо	u:													
(Eg. Places and dates of exposure, etc.)																	



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Section 6. Declaration								
I have read and understand the provisions of Special Leave with Pay for COVID-19 as	Yes							
set out in the current HSE HR Circular and DPER FAQs.								
I understand that in the event of non-compliance with the provisions of special	Yes							
leave with pay (including the requirement to provide bona fide 1 confirmation of								
self-isolation/diagnosis of COVID-19) existing procedures, including disciplinary								
measures may be invoked.								
I understand that any overpayment of salary which may arise from non- compliance with	Yes							
the provisions of special leave with pay will be repaid.								
I have attached relevant documentation (where applicable)	Yes							
Employee Signature:								
Date:								
Section 7. Manager Approval								
Manager Signature:								
Date:								

The purpose of the COVID-19 Self Declaration Form

In accordance with the DPER FAQs, appropriate medical/HSE confirmation of the need to self-isolate and/ or a diagnosis of COVID-19 will be required. In the event that written confirmation is not available, the recording of medical or HSE advice to self-isolate will take the form of a self-declaration. This does not mean that employees can voluntarily choose to self-isolate. Medical/HSE advice will be required however the reporting of same will take the form of a self-declaration where the employee does not have access to written medical certification. In such cases the employee will be required to complete the Self-Declaration Form for Special Leave with Pay and submit to his/her manager for approval.

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 and will be subject to audit. The employer will treat all information and personal data you give according to the GDPR and the HSE Data Protection Policy.

COVID 19 Self Declaration April 2020

^[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.