1. **COVID-19 SELF DECLARATION FOR SPECIAL LEAVE WITH PAY FORM**

Before completing the application, please read the COVID-19 Policy and Procedure available on the Council’s Intranet, under Human Resources > Policy Documents. Please note if you are remote working you are not entitled to apply for this leave type.

**PART 1 – Employee Details**

|  |  |
| --- | --- |
| Name |  |
| Employee Number |  |
| Grade  |  |
| Department |  |

**PART 2 – Details under which leave is sought (Choose either A, B or C)**

|  |  |  |
| --- | --- | --- |
| **Category** | **Description** | **Details** |
| **A** | Self-isolation (Please indicate: pre-existing condition, travel from foreign country, medically advised etc.) |  |
| **B** | Personal diagnosis of COVID-19 |  |
| **C** | Other  |  |

 Dates and manner in which Special Leave is requested: (i.e. block or days as agreed with Line Manager)

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**Complete relevant section ONLY (i.e. A, B or C)**

**A) Self-Isolation (Tick as appropriate)**

Advised to self-isolate/self-quarantine by: **[ ]** GP **[ ]** Hospital **[ ]** HSE **[ ]** Other

Advice received via: **[ ]** Phone/In person  **[ ]** Letter/Email/Text (Attach copy)  **[ ]** Other

|  |  |
| --- | --- |
| Name of advisor (e.g. name of GP/HSE worker) |  |
| Date and time advice given |  |
| Details provided to advisor by you (e.g. place/date of exposure) |  |

**B) Personal diagnosis of COVID-19**

Please attach a copy/scan of medical certificate confirming diagnosis. Original medical certificate not required.

**C) Other**

Please specify under what conditions you are applying for Special Leave with Pay:

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**PART 3 – EMPLOYEE DECLARATION**

|  |
| --- |
| I have read and understand the provisions of Special Leave with Pay as they apply to COVID-19 |
| I understand that in the event of non-compliance with the provisions of Special Leave with Pay (including the requirement to provide bona fide confirmation of self-isolation/diagnosis/self-quarantine 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 the provisions of Special Leave with Pay will be repaid.  |
| I declare that the information given in this application is true and accurate  |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Employee Dated

**PART 4 – RECOMMENDATION/APPROVAL**

I hereby: • **Recommend** Special Leave as set out above [ ]

 • **Do Not Recommend** Special Leave as set out above[ ]

Observations/Comments from Line Manager:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Line Manager Dated

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Head of Human Resources Dated

**Completed application form must be scanned and emailed to** **CoreHR@limerick.ie****. For queries, please contact 061 55 7023.**

**Limerick.**