

**APPLICATION FORM FOR COVID-19 SPECIAL LEAVE WITH PAY**

**From 22nd May 2023, where an employee begins to display COVID-19 symptoms or tests positive for COVID-19, a maximum limit of 5 consecutive days Special Leave with Pay (includes weekends/school closures), in any one instance, will apply.**

**Where the employee is medically unfit for work after the 5 consecutive days, the terms and conditions of the Sick Leave Scheme will apply.**

Employee must fully complete the Application Form and submit to their Deputy Principal / Line Manager

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| EMPLOYEE NAME |  |
| CENTRE/SCHOOL |  |
|  |  |
| COVID 19 SPECIAL LEAVE COMMENCEMENT DATE **(Date you test positive/display symptoms)** |  |
| COVID 19 SPECIAL LEAVE END DATE**(As per HSE - 5 days from date you test positive)** |  |
| NUMBER OF DAYS **(includes weekends & school closures)** |  |

**Declaration**

I wish to apply for COVID 19 -Special Leave with pay in accordance with the COVID-19 Special Leve with Pay Scheme.

I confirm that the information provided in the application is true and accurate.

Signature of Employee \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## Data Protection Privacy Statement

<https://www.ddletb.ie/wp-content/uploads/2021/02/DDLETB-Privacy-Notice-Employees-Volunteers-Board-Members-Committee-members-etc.docx>

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## PART 2 – DECISION

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| I certify that I have approved/refused (delete as appropriate) C19 Special Leave with Pay in accordance with the C19 Special Leave with Pay. The following documents have been forwarded to HR Department. 1. Declaration for C19 Special Leave with Pay

 1. HSE Text Message
2. C19 Special Leave with pay has been recorded on ETB system

 Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Principal/Manager) |