

## Appendix A

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### Application for Special Leave with Pay

#### Recommendation to self-isolate or COVID-19 diagnosis

The Application Form should be fully completed and submitted to the employer as soon as possible. The completed form must be accompanied by HSE/medical certification to include date of fitness to return to work.

#### Part 1 - Employee Details

Employee's Name: \_\_\_\_\_ Contact No: \_\_\_\_\_

Home Address: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

PPSN: \_\_\_\_\_

Business Unit: \_\_\_\_\_

#### Part 2 – Details of Special Leave with Pay (based on HSE/medical certification)

Covid-19 diagnosis ☐ Recommendation to self-isolate: ☐ (tick relevant box)

Start Date (DD/MM/YYYY): \_\_\_\_\_ End Date (DD/MM/YYYY): \_\_\_\_\_

#### Declaration

I wish to apply for Special Leave with Pay in accordance with Circular 0051/2020 titled '*Coronavirus (COVID-19): Arrangements for staff employed in approved posts funded by monies provided by the Oireachtas*'.

The completed application is accompanied by medical/HSE certification.

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

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

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**Part 3 – Employer Approval**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_ (Employer)

***Application Form/Supporting Documentation should NOT be submitted to the Department of Education and Skills and/or the Department of Further and Higher Education, Research, Innovation and Science. They should be retained by the employer with any other relevant documentation for record and audit purposes with the relevant personnel records.***