

## Special Leave With Pay for COVID-19 self-declaration

### Employee Details

Name	
Grade	
Department	

### Dates of Special Leave with Pay for COVID-19

Dates	From DD/MM/YYYY to DD/MM/YYYY
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### Declaration for Special Leave with Pay

I confirm I have read and understand the provisions of Special Leave with Pay as set out in Part IX of <a href="#">Circular 02/1976</a>	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 <sup>5</sup> 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 <sup>6</sup>	Yes	<input type="checkbox"/>
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.

<sup>5</sup> 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.

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