

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 estimated date of fitness to return to work.

Part 1 - Employee Details

Employee's Name: _____ Contact No: _____

Home Address: _____

E-mail Address: _____

PPSN: _____

School Name: _____ Roll No: _____

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): _____ Estimated End Date (DD/MM/YYYY): _____

Declaration

I wish to apply for Special Leave with Pay in accordance with Circular 0049/2020 titled '*Coronavirus (COVID-19): Arrangements for Teachers and Special Needs Assistants employed in Recognised Primary and Post Primary Schools*'.

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: _____

Data Protection Privacy Statement

The main purpose for which the Department requires you to provide this personal data to your employer is to enable your Special Leave with Pay to be processed. Your employer will retain your application form and accompanying documents in accordance with their Data Protection policy. Further information in relation to this policy is available on request from your employer.

The Privacy Notice outlining further information in relation to this application form can be found at: <https://www.education.ie/en/The-Department/Data-Protection/gdpr/gdpr.html>. Full details of the Department's Data Protection policy setting out how we will use your personal data as well as information regarding your rights as a data subject are available at <https://www.education.ie/en/The-Department/Data-Protection/>. Details of this policy are also available in hard copy from Teacher/SNA Terms & Conditions, Department of Education & Skills, Cornamaddy, Athlone, Co. Westmeath, N37 X659, upon request.

Part 3 – Employer Approval

Signature: _____ Date: _____
(Employer)

Application Form/Supporting Documentation should NOT be submitted to the Department of Education and Skills. They should be retained in the school/ETB with any other relevant documentation for record and audit purposes with the relevant personnel records.

Declaration Form

Restricted Movement Group

The Declaration Form must be completed by the employee who has been HSE/medically advised to restrict his/her movements. 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: _____

School Name: _____ Roll No: _____

Part 2 – Declaration

I have been medically advised to restrict my movements and cannot attend the workplace.

Start Date (DD/MM/YYYY): _____ End Date (DD/MM/YYYY): _____

The completed application is accompanied by medical/HSE certification.

In accordance with Circular 0049/2020 titled 'Coronavirus (COVID-19): Arrangements for Teachers and Special Needs Assistants employed in Recognised Primary and Post Primary Schools', I am available for work in accordance with the terms of this Circular.

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

Signature of Employee: _____ Date: _____

Part 3 – Employer Record

HSE/Medical Confirmation provided

Signature: _____ Date: _____
(Employer)

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