

Teachers and SNAs**Application for Special Leave with Pay****Recommendation to self-isolate or Covid-19 diagnosis**

This Application Form should be fully completed and submitted to the HR Department 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: _____

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

Declaration

I wish to apply for Special Leave with Pay in accordance with [Circular Letter 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: _____

Part 3 – Employer Approval

Signature: _____ Date: _____
(TETB)

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

Data Protection Privacy Statement

[TETB Privacy Notice to Employees](#)

[TETB Covid-19 Addendum to Privacy Notice](#)

Teachers and SNAs**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: _____

Email 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 Letter 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: _____
(TETB)

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Teachers and SNAs**Declaration Form****Very High Risk Group / High Risk Group
(advised to cocoon by the OHS)**

The Declaration Form must be completed by the employee where the Occupational Health Service (OHS) Risk Assessment Report has stated that he/she is at a very high risk or high risk of serious illness from contracting COVID-19 and is advised to cocoon. The completed form accompanied by the OHS 'COVID-19 Risk Assessment Report' must be submitted to TETB's HR Department as soon as possible.

Part 1 – Employee Details

Employee's Name: _____ Contact No: _____

Home Address: _____

Email Address: _____

PPSN: _____

School Name: _____ Roll No: _____

Part 2 – Declaration

Based on the attached OHS COVID-19 Risk Assessment Report, I am advised to cocoon. In accordance with [Circular Letter 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.

Signature of Employee: _____ Date: _____

Part 3 – Employer Record

OHS Covid-19 Risk Assessment Report provided: ☐

Signature: _____ Date: _____
(TETB)

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