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| **Y**  **UNIVERSITY COLLEGE DUBLIN**  **Special Leave with Pay for Covid-19 Form** |

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| * ***This form should be completed by employee and approved by Line Manager/Head of School or Unit*** * ***In advance of completing the form, please review further information available on the HR website at:*** [***https://www.ucd.ie/hr/leave/sickleave/covid19specialleavewithpay/***](https://www.ucd.ie/hr/leave/sickleave/covid19specialleavewithpay/) * ***Employees should complete the form online and forward it by email to your Line Manager/Head of School or Unit*** * ***Line Manager/Head of School or Unit should authorise by signing below and then send the form and a photo of positive Covid-19 antigen test (or medical cert) to your local Sick Leave Administrator for recording*** * ***\*Please note ‘Special Leave with Pay for Covid-19’ applies from the date of a positive Covid-19 test result up to 5 calendar days*** ***(not 5 working days) as per HSE latest guidance\**** |

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| Name: | Personnel No: P |
| School/Unit: | Line Manager: |
| If part-time or job sharing, please state pattern of working week: | |
| Date Special Leave commenced: | Date Special Leave ended: |
| Date I returned to work: | Number of days of Special Leave (up to *5* ***calendar days****)*: |

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| **EMPLOYEE DECLARATION**  *I wish to apply for Special Leave with Pay for Covid-19 in accordance with UCD procedures as outlined on UCD’s HR page at:* [*https://www.ucd.ie/hr/leave/sickleave/covid19specialleavewithpay/*](https://www.ucd.ie/hr/leave/sickleave/covid19specialleavewithpay/)*.*  *These procedures are aligned to the Department of Education and Skills circular 0026/2020.*  *I understand that in the event of non-compliance with the provisions of Special Leave with Pay for Covid-19 (including the requirement to provide bona fide confirmation of a positive COVID-19 antigen test result), existing procedures, including disciplinary measures, may be invoked.*  *I understand that any overpayment of salary which may arise from non-compliance with the provisions of Special Leave with Pay for Covid-19 will need to be repaid.*  *I have attached confirmation of a positive COVID-19 antigen test (or medical cert):* **Yes No**  *I confirm that the information provided in this form is true and accurate.* | | | |
| **Signature of Employee:** |  | **Date:** |  |

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| **To be completed by Line Manager/Head of School or Unit** | | | |
| **Signature of Line Manager/Head of School or Unit** |  | **Date:** |  |