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| UNIVERSITY COLLEGE DUBLIN**APPLICATION FORM FOR COVID-19 SPECIAL LEAVE WITH PAY** |
| * ***This form should be completed by Employee and Line Manager/Head of School/Unit.***
* ***In advance of completing the form, please review further information available under Pay and Sick Leave FAQs 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.***
* ***Line Manager/Head of School should authorise by ticking the relevant box below and send to both*** ***sickleave@ucd.ie*** ***and your local sick leave administrator for recording.***
* ***Form and supporting documentation will be held on HR record for audit purposes only***
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| **Employee Details:** |  |  |  |
| **Name:** |  | **Personnel No:** |  |
|  |  |  |  |
| **School/Unit:** |  | **Contact No:** |  |
| **Details of Special Leave with Pay:****Number of days of Special Leave : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****Dates of Special Leave (a) Commencement \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ (b) Ending: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_** |
| **Employee Declaration:*****I wish to apply for Special Leave with Pay in accordance with UCD procedures as outlined in UCD Covid 19 FAQs (procedure is aligned to 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 (including the requirement to provide bona fide confirmation of a postitiveCOVID-19 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 will be repaid.******I have attached relevant documentation[[1]](#footnote-1).******I confirm that the information provided in the Self-Declaration form is true and accurate:******Employee: Yes* 🞏  *No* 🞏  *Date: \_\_\_ / \_\_\_ / \_\_\_\_*****Employer Approval:*****Line Manager/HOS/Unit Approval: Yes* 🞏  *No* 🞏  *Date: \_\_\_ / \_\_\_ / \_\_\_\_*** |

1. **A photo of a positive antigen test.** [↑](#footnote-ref-1)