**Covid-19 Special Leave Form**

This form should be completed by all colleagues in the event that you need to self-isolate and will not be attending work for up to 14 days.

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| **Full Name and Job Title:****Department:****Contact Details:*****(Please provide details of your home or personal mobile telephone number in case we need to contact you in an emergency)*****Managers Name:**  |
| **I am symptomatic** [ ]  **7 days isolation** **An immediate family members if symptomatic** [ ]  **14 days isolation** |
| **Please provide details of the symptoms:** |
| **Date of when the symptoms first occurred:** |
| **Please confirm the;****First day of your self-isolation :****Anticipated last day of self-isolation:** **Anticipated date of return to work:**  |
| **Please sign and date this form and return to your line manager and ASKHR** **Signature: Date:** |

Please return gwh.ASKHR@nhs.net on the day you receive the form