**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](mailto:gwh.ASKHR@nhs.net) on the day you receive the form