

APPLICATION FOR SPECIAL SICK LEAVE

Individuals wishing to access sick leave for having been tested positive for COVID-19 in accordance with Personnel Department's Circular No. 2 of 2020 dated August 7, 2020 shall complete this form. It should be noted that by signing this form, the individual declares that all information submitted is true and accurate to the best of the individual's knowledge. You may fill out the Application by typing or handwriting, and if any information you provide cannot be contained in the spaces, you are encouraged to use the blank sheet and identify the additional information.

1. Name of Applicant: _____

2. Position: _____

3. Nature of Employment (Check the appropriate option below):

- | | |
|---|--|
| <input type="checkbox"/> Permanent Employee | <input type="checkbox"/> Temporary Employee |
| <input type="checkbox"/> Short Term Contract | <input type="checkbox"/> Part Time Employee |
| <input type="checkbox"/> Weekly, Daily and Hourly
Rated employee | <input type="checkbox"/> Fixed Term Contract |

4. Division /Section/ Unit: _____

5. Total number of days: _____

6. Period: From _____ To _____

Date of Application: _____ Signature: _____

For Official Use Only

To: Head of Human Resources

U.F.S. _____ (Employee's Supervisor)

The above application is forwarded for necessary attention.

- Approved Not Approved

Date: _____ Name of Supervisor: _____ Signature: _____

Application For Special Sick Leave

LIST OF DOCUMENTS SUBMITTED IN SUPPORT OF APPLICATION:

- | | |
|---|---|
| <input type="checkbox"/> Sick Leave Certificate | <input type="checkbox"/> Certificate from an authorized Ministry of Health Officer requiring quarantine |
| <input type="checkbox"/> Medical Report | |
| <input type="checkbox"/> Report of positive or negative result for COVID-19 virus | |

ANY ADDITIONAL INFORMATION