COVIDSafe Absence Declaration Form

Staff (including casual staff) may use this form where they are required to provide evidence to substantiate a form of leave that is related to a COVID-19 positive test or diagnosis and no other evidence is available (for example a doctor certificate or appropriate notification from NSW Health)

1. EMPLOYEE DETAILS

Surname

First name

Staff number

I am attaching this declaration form as evidence to substantiate the reason for my COVID-19 related WorkDay leave or payment request.

From __________________ to __________________

I am required to self-isolate under a current Public Health Order issued by NSW (Order). This is required because one of the following applies to me (please select as appropriate):

- ☐ I am a person diagnosed with COVID-19 and unfit to work.
- ☐ I am required to provide care or support to a member of my immediate family or household because of a personal illness, injury or unexpected emergency affecting the member.
- ☐ I am a high risk contact of a person who has received a positive COVID-19 test and I am unable to work. I confirm that I have discussed whether alternate duties are available with my Supervisor or Manager and that no appropriate alternate duties are available to me to work during this period.

2. EMPLOYEE DECLARATION

I confirm that the information contained in this form is accurate and true to the best of my knowledge. I understand that knowingly submitting false information in this form may result in disciplinary action, up to and including termination of employment.

Signature __________________ Date ___________