



**COVID-19 LEAVE/SELF-ISOLATION APPLICATION FORM**

<b>Employee Name:</b>		<b>Candidate ID:</b>	
<b>Home Branch:</b>		<b>Payee Number:</b>	
<b>Date Self-Isolation Leave Begins:</b>		<b>Date Self-Isolation Leave Ends (14 days post start date or unknown if sick):</b>	
<b>Date Due Back At Work if known:</b>		<b>Total Workdays:</b>	

I ..... (name) wish to apply for a self-isolation leave payment because (please tick one):

- I cannot work and I am required to self-isolate in accordance with Ministry of Health guidelines
- I cannot work because I am sick with COVID-19
- I cannot work because I am caring for a dependent who is required to self-isolate or who is sick with COVID-19

I wish to use some of my leave (annual or alternate leave) as below to cover days where I must self-isolate. I understand I can only use sick leave if I am sick.

Leave type	Type	Number of days leave applied for
Annual Leave	Paid	
Alternate Leave	Paid	
Sick Leave	Paid	

**I declare that I have registered the need to self-isolate with Healthline, and that my self-isolation is not required as a result of leaving New Zealand, since the travel restrictions on 16 March 2020, and have since returned.**

**Signed by:**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**BRANCH USE ONLY:**

I ..... (name) of .....(branch) confirm:

1. That the dates of self-isolation would be dates that the employee would have been expected to work for AWF Madison.
2. That the hours of work the employee would have been expected to work during the period of self-isolation are either (tick one only):
  - 20 hours or more per week
  - Less than 20 hours per week

**Approved by:**

\_\_\_\_\_  
Manager's Signature

\_\_\_\_\_  
Manager's Name

\_\_\_\_\_  
Date