**Confidential** Ulster University

# **SELF-ISOLATION**

This form is to be completed by the line manager **on notification that an employee is self-isolating due to symptoms of a respiratory infection including COVID-19 (**[**Symptoms**](https://www.nidirect.gov.uk/articles/symptoms-respiratory-infections-including-covid-19%23toc-0%20) **of Respiratory infection inc COVID)** and forwarded to **Employee Wellbeing Department**. Please note as per the NI Guidelines, if someone has tested positive they should isolate for 5 days after the day of the test or from when symptoms started, testing to end self-isolation is no longer required.

**If an employee tests positive for COVID or has symptoms of a respiratory infection and is too unwell to work, then the normal sickness absence process applies and the line manager should complete the** [**Sickness Absence Notification Form**](https://www.ulster.ac.uk/peopleandculture/policies/absence/sickness-absence-notification%20)**.**

email: [employeewellbeing@ulster.ac.uk](mailto:employeewellbeing@ulster.ac.uk) .

***Please note that the employee should make themselves available for telephone contact during this period should their Line Manager or Employee Wellbeing Advisor need to make contact with them to gather further information.***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **employee details** | | | | | | | |
| Surname: | | | First Name: | | | | |
| Post title: | | | | | | | Staff No: |
| Faculty/Department: | | | | Employee preferred Contact No: | | | |
| Line Manager name: | | | |  | | | |
| **Self- ISOLATING DETAILS** | | | | | | | |
| First day of self-isolating: | Full day  Half day: | | | | | Estimated return date: | |
| |  |  |  | | --- | --- | --- | | **Reason (please tick)** | **Can work from home** | **Cannot work from home** | | Self-isolation (due to positive test) |  |  | | Self-isolation (as advised prior to hospital admission) |  |  | | Self-isolation (due to Respiratory infection and high temperature) |  |  | | | | | | | | |
| Please provide more detail: | | | | | | | |
| **Form completed by** | | | | | | | |
| Name: | | | | | Date: | | |
| Role: | | | | | | | |
| **employee wellbeing advisors** | | | | | | | |
| Date Received: | | Absence input code: | | | | | |
| Contact with employee notes | | | | | | | |