

## **EMPLOYEE SELF-DECLARATION – IMMUNE COMPROMISED**

The *Employee Self-declaration form* has been created to meet mutual responsibilities in taking reasonable care to protect the health and safety of yourself and others in the workplace.

Please complete the form as an Employee, who is absent due to COVID–19 and/or related reasons.

## **EMPLOYEE SELF-DECLARATION**

Name	Phone Number		
Email	Department		
What dates will you be missing work?			
Brief statement on the reason for absence:			
I certify that I have a pre-existing underlying health issue that presents a significantly higher risk for contracting COVID-19 and can't risk exposure due to the risk of serious complications.			
In making my declaration, I confirm and acknowledge	owledge the following:		
☐ The details as set out in this declaration a	re true and accurate.		
Date of Declaration: Is this	your first time using this form?	Yes	No
☐ Human Resources reserves the right to request additional supporting documentation and may require more detailed documentation.			
The submission of the declaration does not determination will be made by Human Resou		uch absence	: such a
Please email form to: <a href="mailto:hr@selkirk.ca">hr@selkirk.ca</a>			