

Covid-19 Special Leave Fund Employee Declaration Form

Instruction Page

Before Beginning the Application

Step 1

- Read the [COVID-19 Special Leave Fund](https://servicesqat.gpei.ca/en/service/covid-19-special-leave-fund#) website in its entirety before beginning the application process.
<https://servicesqat.gpei.ca/en/service/covid-19-special-leave-fund#>
For best results, use an updated version of Chrome.

Step 2

- Download the Employee Declaration Form and save it to your computer as a PDF or print.
 - A maximum of 10 employees can be claimed per application; however, a business can make multiple applications and each employee must have their own form.

Step 3

- Complete Page 2.
 - An employee must have lost time during the period (one-week).

Step 4

- Sign the document.
 - The employer and employee must sign the document either electronically or in hard copy. The application will be considered incomplete and will not be reviewed if both signatures are not on the form.

Step 5

- Save the completed form.
 - Save each individual employee form to your computer either by scanning the hard copy or saving the electronic version.
 - You will need each form for the application.

Step 6

- You are now ready to apply.
 - Select the APPLY button at the bottom of the [COVID-19 Special Leave Fund](#) webpage.
 - Complete the application questions.
 - Upload each Employee Declaration Form in the claim section of the application where indicated.
 - The on-line application has a capacity size of **8 GBs** including attachment.
 - The use of cell phone images is **NOT** recommended due to their size. If you must use a cell phone image, reduce the image resolution to **small** OR make multiple applications with a smaller number of employee(s) per claim.
 - If you experience an error submitting your application, reduce the size of your attachments.

Covid-19 Special Leave Fund Employee Declaration Form

Employer Information:

Business Name: _____

Employer Name: _____

Employee Information:

Employee Name: _____

Date of Birth: _____

Employee Phone Number: _____

Job Title/Position: _____

Fill in the table below with details of the time the employee missed. The calculation is based on actual wage paid or to be paid to the employee to a maximum reimbursement rate of \$20/hr or \$160/day.

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Hours
Total scheduled hours								
Hours missed per day								
Office Use:							Rate of Pay	
							Week 1 Total	

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Hours
Total scheduled hours								
Hours missed per day								
Office Use:							Rate of Pay	
							Week 2 Total	
							Total Employee Rebate	

Employer Declaration:

I confirm that the information provided is accurate and true and the employee was paid or will be paid by the business for the sick days listed on this declaration.

Employer Signature: _____

Date: _____

mm/dd/yyyy

Employee Declaration:

I confirm I was unable to work my scheduled time because of illness, COVID-19 testing and/or vaccination appointment, or self-isolation requirements, or to care for my child(ren) who cannot attend school or regular childcare due to COVID-19 closure, or my child is sick and/or self-isolating and that I have not/will not be applying to any other support benefits for the days claimed on this declaration.

Employee Signature: _____

Date: _____

mm/dd/yyyy