

Covid-19 Special Leave Fund Employee Declaration Form

Instruction Page

Step 1

- Read the **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 to your computer or print.
 - A maximum of 10 employees can be claimed per application; however, a business can submit multiple applications.

Step 3

- Complete the Employee Declaration Form (attached below).
 - An employer can only apply for a rebate twice per employee to a maximum of 3 days per week for a total of 6 days.
 - An employee must have lost **LESS than 50% of their scheduled time** during the period (one-week).

Step 4

- Sign the Employee Declaration Form.
 - The employer and employee must both 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 employee form to your computer.
 - You will be asked to separately attach each Employee's Declaration Form in the claim section of 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 and complete the application.
 - Upload the Employee Declaration Form in the claim section where indicated.
 - The on-line application has a capacity size of **8 GBs** including attachment and as such:
 - The use of cell phone images is **NOT** recommended due to image 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, check the combined size of your attachments as total combined size cannot exceed 8 GBs.

Covid-19 Special Leave Fund Employee Declaration Form

Employer Information:

Business Name: _____

Employer Name: _____

Employee Information:

Employee Name: _____

Job Title/Position: _____

Employee Date of Birth: _____

Employee Phone Number: _____

Fill in the table below with details of the time the employee missed. You can only apply for **missed days in 2 separate weeks per employee**. If the employee has **missed more than 50% of time**, they should apply to **CRSB**. 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 the scheduled time due to illness and/or COVID-19 self-isolation requirements 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