



Llywodraeth Cymru  
Welsh Government

## COVID-19 Statutory Sick Pay (SSP) Enhancement scheme

### Employee declaration form

You have received this form from your employer because they believe you are eligible for the SSP enhancement scheme. This scheme would allow you to continue to receive full pay if you are unable to work due to:

- symptoms of COVID-19 (you should take a test without delay)
- testing positive for COVID-19 (the scheme applies up to a maximum of 2 weeks)
- self – isolating due to being identified as a contact by NHS Wales Test Trace Protect (TTP)
- self-isolating because a member of your (extended) household has (symptoms that may be) COVID-19

If you are unable to work due to any of these reasons you should contact your employer. They will continue your full pay during the period you are unable to work providing you have signed and returned the declaration at the bottom of this form.

You should sign and return this declaration now, to ensure it is in place before you need it. If you have not signed and returned the declaration this may result in delays.

You only have to complete the declaration once, regardless of how many times you are absent from work.

If you are absent from work but your circumstances change you should contact your employer.

Full guidance relating to the SSP enhancement scheme can be found at:

<https://gov.wales/covid-19-statutory-sick-pay-enhancement-scheme#section-53597>

If for any reason you receive two payments relating to the same absence you should inform your employer(s) and return one of the payments.

In order to administer this payment, your employer will need to share some personal information about you with the Local Authority.



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## **How your personal information will be used**

If you are unable to work but continue to receive full pay through the SSP Enhancement scheme, your employer will share the following information with the local authority administering the scheme on behalf of Welsh Government:

- your name,
- national insurance number
- date and nature of your absence
- details of your pay

This information will also be shared with any organisation undertaking checks to ensure that the scheme has been administered properly, that those who have received the SSP Enhancement scheme payment were eligible to do so and to ensure that no duplicate payments have been made relating to the same absence.

If you would like to know more about how your personal information will be used for the purpose of administering the scheme and making the payment to you please speak to your employer.

Any personal data sent to a local authority or other organisation for the purpose of administering this payment will be held for no longer than 24 months and will not be shared with any other organisation.

## **Please sign and date this form below and return it to your employer.**

You can sign an electronic version of this form by typing your name, your employer and the date below and submitting the form from an email address that is held in your name.



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## Declaration

By signing and returning this form, you are agreeing with the following statements:

- If I receive a duplicate payment for the same absence I will inform my employers
- I agree for my employer to provide the appropriate local authority with my full name, national insurance number, dates of my absence, the nature of my absence and details of my pay for the purposes of making this payment.

Signed:

Name (printed):

NI No:

Employer:

Date: