**INTERNAL EXEMPTION APPROVAL FORM**

**Please complete all sections and return by email to your Head of Service for approval. Until approval is granted, no action should be taken to approach staff to end self-isolation early.**

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| --- | --- |
| **Question** | **Response** |
| Service Function: |  |
| Service Manager: |  |
| Contact telephone: |  |
| Contact email: |  |
| Impact on service delivery as result of staff isolations? |  |
| What essential functions/services are at risk due to staff isolating? |  |
| What options have been utilised to address operational pressures? |  |
| What has been the impact of those options? |  |
| What is the impact if no action is taken? |  |
| Are you currently engaging with local incident management team regarding outbreak management? If so provided details. |  |
| Number of staff currently isolating? |  |
| Number of staff being requested to leave isolation early? |  |
| How long is exemption required? |  |

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| --- | --- | --- |
| **To be completed by Head of Service Only** | | |
| Head of Service Name: |  | |
| Approval granted? | YES | NO |
| Decision notified to: |  | |
| Date approval granted: |  | |