

Employee COVID-19 Staff Accommodation Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City Prov. Postal Code

Phone: _____ Email _____

Employee No.: _____ Union: _____

Work Site: _____

Department: _____

Supervisor
Name &
Contact: _____

Criteria

- All staff are eligible to apply for an alternative living arrangement, however, first priority will be given to those staff working within the highest risk areas (COVID-19 units or with COVID-19 patients).
- Within high risk areas, staff living with immuno-compromised dependents will be prioritized for consideration first. Please provide details of your request:

- If a staff member does not fit within the first two criteria, but believe an alternate accommodation is needed, please provide information detailing the reason for their request.

Staff who are approved and accept an alternate living arrangement must agree to live within this designated location until the CPHO declares the pandemic over, staff transfer to another work unit, or until the staff member wishes to permanently relinquish their allocated accommodation. Staff will not be permitted to come and go between their assigned accommodation and home for the duration of the pandemic, nor are family members or others allowed to visit staff within their assigned accommodation.

- Upon approval, staff will be contacted with details on how to access their accommodation within 24 hrs.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

PLEASE SCAN A COPY OF THIS APPLICATION TO: healthpeiHR@ihis.org