

Test & Trace Isolation Support Payment



Please forward this form to your employer in order to support your application. This should be completed by your line manager, HR officer, payroll officer or similar then emailed to us from their company email to testandtracepayments@hullcc.gov.uk quoting your application reference in the subject line within three working days:

Employee Information

Name:

Application reference:

Employer:

Isolation period:

To be completed by the Employer

Please confirm whether the above named employee: -

	Yes	No
Was unable to attend work due to isolating during the above period?	<input type="checkbox"/>	<input type="checkbox"/>
Had a reduction or loss of pay as a result of this isolation?	<input type="checkbox"/>	<input type="checkbox"/>
Has a basic gross pay rate of no more than £10 per hour?	<input type="checkbox"/>	<input type="checkbox"/>

Employer declaration

The information on this form is true and correct

Employer name:

Position:

Direct contact telephone number:

Date: