



## Island Health COVID-19 Staff Supports

### Temporary Staff Accommodations (TSA) Application Form

#### TSA Overview

Temporary Staff Accommodation (TSA) for Health Care Workers who are working in **active COVID patient care**; staff who do not provide patient care but are assigned to a **key COVID response role** and/or meet the eligibility criteria as described in the policy.

Please note that accommodation type varies. We are working with partner hotels and apartment rentals and will do our utmost to pair you with an appropriate accommodation. It is our intention to provide accommodation with a kitchen for all stays longer than 3 nights as long as supply permits.

#### Application Instructions

Please complete all of the requested information in the fillable form.

To expedite this process, you are not required to get manager sign-off on your application, but we do require that your manager (for staff) or department head (for physicians) is made aware of your request.

Once you have completed this application form, your information will be kept on file. For any alterations, extensions or changes to your booking, please email us directly at [COVID19TemporaryStaffAccommodations@viha.ca](mailto:COVID19TemporaryStaffAccommodations@viha.ca).

**PLEASE COMPLETE ALL SECTIONS IN FULL. ANY INCOMPLETE INFORMATION WILL RESULT IN DELAYS.**

**APPLICATIONS RECEIVED AFTER 4PM MAY BE PROCESSED THE FOLLOWING DAY. In this instance, the applicant may consider contacting the hotel directly and self-pay, and then submit approved expenses after for reimbursement.**

#### PART 1 – YOUR INFORMATION

|                       |  |                               |  |              |  |
|-----------------------|--|-------------------------------|--|--------------|--|
| Full Name:            |  | Preferred Email:              |  |              |  |
| Role/Title:           |  | Mobile Phone Number:          |  | Employee ID: |  |
| Unit or Department:   |  | Working Site(s):              |  |              |  |
| Manager Name (staff): |  | Department Head (physicians): |  |              |  |

I confirm that my manager or department head (as applicable) is aware of this TSA request (if no, please confirm before submitting):  Yes  No

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## PART 2 – REASONS FOR REQUEST

Please check all that apply related to your TSA request:

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | I am applying for <b>paid TSA</b>  |
| <input type="checkbox"/> | I am currently working in <b>active COVID patient care and/or a key COVID response role.</b> |
| <input type="checkbox"/> | <b>Other.</b> Please explain:  |

Please select one of the following reasons for requesting accommodation:

|                          |                |
|--------------------------|----------------|
| <input type="checkbox"/> | Self-Isolation |
| <input type="checkbox"/> | Redeployment   |
| <input type="checkbox"/> | Quarantine     |

## PART 3 – ACCOMODATION DETAILS

|                               |  |  |     |
|-------------------------------|--|--|-----|
| City:                         |  |  |     |
| Check-in Date:<br>(yyyymmdd)  |  | I will check-in at approximately:<br>24 Hour Clock (HH:MM)   | HRS |
| Check-out Date:<br>(yyyymmdd) |  | I will check-out at approximately:<br>24 Hour Clock (HH:MM)<br><i>*Please note if you require late checkout, e.g.<br/>working night shift and need to sleep during the day</i> | HRS |

Do you anticipate this accommodation to recur?

- Yes, (please indicate the future dates needed for booking \_\_\_\_\_)
- No

Will you require reimbursement for this accommodation?

- Yes - Reimbursement will be needed, (please submit Island Health expense forms and receipts to the [COVID19TemporaryStaffAccommodations@viha.ca](mailto:COVID19TemporaryStaffAccommodations@viha.ca) upon completion of stay)
- No – I prefer Island Health to pay the hotel directly

## PART 4 – APPLICATION AGREEMENT

I am a Contract Service Provider

- Yes       No

I agree to inform TSA Admin at the email below if I need to vacate the accommodation prior to agreed check-out date:

- Yes       No

|                      |                    |
|----------------------|--------------------|
| Applicant Signature: | Date of Agreement: |
|----------------------|--------------------|

Please email the completed form to [COVID19TemporaryStaffAccommodations@viha.ca](mailto:COVID19TemporaryStaffAccommodations@viha.ca) as well as any related inquiries and additional recurring accommodation requests.

An [Expense Reimbursement Form](#) and receipts will need to be sent to [COVID19TemporaryStaffAccommodations@viha.ca](mailto:COVID19TemporaryStaffAccommodations@viha.ca) for signoff when applicable. **Do not submit these to your operational manager.**

We will endeavour to respond to your email ASAP.