**PART 1 - TO BE COMPLETED BY THE EMPLOYEE**

**NOTIFICATION OF SICKNESS ABSENCE ( 7 days or less)**

 Surname\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Names\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department/School\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Directorate/Faculty \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Payroll Ref. (on payslip) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Day of Sickness Absence\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last day of Sickness Absence\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date returned to Work\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total number of days sickness\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Days Lost\_\_\_\_\_\_\_\_\_

Details of Sickness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was your absence as a result of:

An accident at work? Yes / No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Working conditions? Yes / No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return completed form to your Line Manager**

Note - Explaining nature of sickness absence – should your absence be of a personal or sensitive nature which you do not wish to discuss with your Line Manager or their nominee, you can speak confidentially with a member of the People & OD team who has responsibility for your work area.

**PART 2 – TO BE COMPLETED BY THE LINE MANAGER**

**RETURN TO WORK Please read the Guidance Notes for Managers.**

Check Absence record:

Number of days sickness absence in previous 12 months\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is a pattern or high level of absence emerging? Yes / No

Has a trigger point been reached?

6 days or 3 periods of absence in previous 3 months Yes / No

15 days or 6 periods of absence in previous 12 months Yes / No

4 weeks continuous absence Yes / No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are any adjustments to hours / work required? Yes / No

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Is there an underlying medical condition that is likely to recur? Yes / No

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Has an Accident at Work Form been completed? (if appropriate) Yes / No

Referral to Occupational Health Yes / No

Further Comments / Actions agreed

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Return to Work discussion taken place on (date)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Manager \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Print name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Form Received \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RETAIN FORM ON FILE & REPORT SICKNESS TO PAYROLL VIA SAMS