|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Full name:** | | | | |  | | | | | | | | | | **Department:** | | | | | |  | | | | | | | |
| **Absence period:** | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| First day of absence | | day | month | | | | year | | Time | | |  | | Last day of absence | | | | day | month | | | year | | | Time | | |  |
|  |  | | | |  | |  |  | | |  | | |
| Date returned to work: | | | |  | | | |  | |  | | | Total days absent from work: | | | | | | | | | |  | | | | | |
| **Whom did you notify you would be absent from work?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Full name: | |  | | | | | | | | | Date notified: | | | | |  | | | | Time notified: | | | | | |  | | |
| **Reason for absence:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Illness (please provide brief details below) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Compassionate leave (provide relationship and details below) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Parental leave (prior approval required from HR) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Medical appointment (provide details and specific time you will be absent from work) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Other (jury service, maternity-related absence etc) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Details: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Did you seek medical attention/advice? | | | | | | | | | | | | | | | | | Yes | | |  | | | | No | | |  | |
| Do you have a ‘Not fit for work note’ for this absence? | | | | | | | | | | | | | | | | | Yes | | |  | | | | No | | |  | |
| I declare that the information provided is correct to the best of my knowledge. I understand that if I provide false information, this may lead to a reduction in sick pay and/or disciplinary action. | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employee’s signature:** | | | | | |  | | | | | | | | | | | | **Date:** | | |  | | | | | | | |
| **Line manager review**  Sick pay is paid in accordance with SSP directives. Additional amounts paid are at the discretion of the directors.  Paid absence Unpaid absence SSP absence  Line manager signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **HR review**  Logged onto staff absence calendar: Yes 🞎  Salary deduction made (if applicable): Yes 🞎 Date deducted:  **HR manager signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |