|  |  |  |  |
| --- | --- | --- | --- |
| **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 absenceLine manager signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_ |
| **HR review**Logged onto staff absence calendar: Yes 🞎 Salary deduction made (if applicable): Yes 🞎 Date deducted: **HR manager signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_** |