

xi) Sickness Absence Form

NAME and DETAILS

Name _____

Pay No: _____

Organisation _____

Job Title _____ Contact telephone Number _____

LENGTH of ABSENCE

First day of absence from work

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State last day of sickness, even if Sat, Sun or holiday

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If you went home sick after starting work, what time did you leave _____

If you are still absent, can you say when you expect to return? _____

What date did you return to work?

Please tick your normal working days: Mon [] Tue [] Wed [] Thurs [] Fri []

DETAILS of ABSENCE

Please state briefly why you are/were unfit for work _____

Is/was your absence pregnancy related? Yes / No

Is/was your absence related to a disability? Yes / No

Is/was your absence the result of a work related injury? Yes / No

Is/was your absence the result of work related ill health? Yes / No

If the injury did not happen at work, please give brief details _____

DETAILS of WORK RELATED INJURY or WORK RELATED ILL HEALTH

For an **injury** on what date did the incident occur? _____

Has an incident report form been completed? YES / NO If 'NO' please complete one as soon as possible

Where did the incident happen? _____

Please give brief details of the incident _____

For ill-health please describe how your ill-health is connected to work activities:

DECLARATION: WARNING to give false information may result in disciplinary action

I declare that the above statement is true and accurate to the best of my knowledge and belief.

Signature _____ Date _____

TO BE COMPLETED BY SUPERVISOR/MANAGER

Signed _____ Job Title _____

Date received by supervisor _____ Date of Return to Work interview _____