



|                                                                                                                                       |                          |           |
|---------------------------------------------------------------------------------------------------------------------------------------|--------------------------|-----------|
| Employee name:                                                                                                                        |                          |           |
| Employee number:                                                                                                                      |                          |           |
| Department:                                                                                                                           |                          |           |
| Date joined organisation:                                                                                                             |                          |           |
| <b>From</b>                                                                                                                           | <b>Dates of sickness</b> | <b>To</b> |
|                                                                                                                                       | Date                     |           |
|                                                                                                                                       | Day                      |           |
|                                                                                                                                       | am/pm                    |           |
| <b>From</b>                                                                                                                           | <b>Dates of absence</b>  | <b>To</b> |
|                                                                                                                                       | Date                     |           |
|                                                                                                                                       | Day                      |           |
|                                                                                                                                       | am/pm                    |           |
| Date of return to work:                                                                                                               |                          |           |
| Total number of working days lost:                                                                                                    |                          |           |
| Please give the reason for your absence:                                                                                              |                          |           |
| <p>Did you comply with the absence notification procedures? Yes/No</p> <p>Who did you speak to?</p> <p>What time did you call?</p>    |                          |           |
| <p>Did you consult a doctor? Yes/No</p> <p>If yes, please give details of doctor's name and address. If no, please state why not.</p> |                          |           |



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### **Declaration**

I declare that I was incapable of work due to my sickness/injury on the dates shown above and that this information is true and accurate.

I acknowledge that false information will result in disciplinary action.

I give my employer permission to verify the above information.

|                                    |  |
|------------------------------------|--|
| Full name:                         |  |
| Signature:                         |  |
| Date:                              |  |
| <b>To be completed by employer</b> |  |
| Date received:                     |  |
| Manager's name:                    |  |
| Signature:                         |  |

### **To be completed by employer**