

Sickness Absence Notification/Self Certificate

SECTION A: Notification of Absence

Employee Name Location

Date of first day of sickness

Working Pattern Does the employee work full-time Monday to Friday each week throughout the year? **YES/NO*** *please delete as appropriate*
 * If No, please give details of working pattern during the period of absence

Week commencing	Mon	Tue	Wed	Thu	Fri	Sat	Sun

Reason for absence

This absence IS NOT the result of an accident at work

This absence IS the result of an accident at work

This sickness is thought to be work-related

Did you consult your Doctor

Have you enclosed your Medical Certificate (if applicable)

Line Manager/Supervisor: Date:

SECTION B: Notification of Return from Absence

Date of last day of sickness Date of return to work
If different to last day of sickness

No. of working days absent *NB if 8 days or more including non-working days and weekends a medical certificate will be required*

Further information (optional)

Declaration

I declare that I have been absent from work during the period of sickness absence stated above and that the information given is factually correct:

Employee's signature:..... Date:

Countersignature:..... Date:
 (Line Manager/Supervisor)

Return to Work Interview Form

This form should be used to record the Return to Work Interview, between the line manager and employee, in accordance with the HJM Leisure Sickness Absence Policy. The interview must be held prior to the member of staff starting their shift.

SECTION 1: For completion by the Line Manager

Employee Name

Job Title Department

Have any trigger points been reached? Yes No

Trigger points: three or more absences in any three-month period, six or more absences in any 12-month period, 10 working days absence in any 12-month period

Record of return to work discussion *Please continue on separate sheet if necessary*

I confirm that the above notes represent an accurate record of the issues discussed and the actions undertaken/recommended:

Line Manager's Signature: Date:

Line Manager's Name:

SECTION 2: For completion by the Employee

I confirm that the above sickness summary is an accurate record of my absence history and that the interview notes above are an accurate record of the issues discussed. In addition, I wish to comment as follows:

Employee comments *Please continue on separate sheet if necessary*

Employee's Signature: Date:

Data Protection

HJM Leisure processes the information provided on this form and on medical certificates for the purposes of meeting its legal obligations. In particular, individual data is disclosed to line managers for the purpose of responding appropriately and fairly to an individual's overall level of sickness absence and for the appropriate management of their health and safety at work.

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Date of first day of sickness

Week commencing	Mon	Tue	Wed	Thu	Fri	Sat	Sun
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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Have you enclosed your Medical Certificate (if applicable)

Line Manager/Supervisor: Date:

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Record of return to work discussion *Please continue on separate sheet if necessary*

I confirm that the above notes represent an accurate record of the issues discussed and the actions undertaken/recommended:

Line Manager's Signature: Date:

Line Manager's Name:

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