**Appendix 5**

**Record of Notification of Sickness Absence**

**This form should be completed when an employee calls to notify their absence due to sickness.**

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| **PART 1: Initial Notification** | | | | | | | | | | | | |
| **Section A: Employee Details** | | | | | | | | | | | | |
| Name: |  | | | | | Department / Ward: | |  | | | | |
| Job Title: |  | | | | | | | | | | | |
| **Section B: Sickness Absence Details** | | | | | | | | | | | | |
| Date of Notification: | | |  | | Date you first became unwell: | | | | |  | | |
| Time of Notification: | | |  | | To Whom the Absence was Reported: | | | | |  | | |
| Time due to start shift: | | |  | | Did the employee notify personally and by phone? *(provide further info in Section C if not)* | | | | | personally  by phone call | | |
| Reason for Absence: *(Record of information supplied regarding nature of sickness, whether they have visited their GP or intend to do so, treatment (where applicable) and expected duration of absence ( if known))* | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Anticipated date of return to work: | | | |  | | | Is this classed as disability leave? | | | | | Yes  No |
| Arrangements for keeping in touch: | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Section C: Any other relevant information** | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| **Section D:** | | | | | | | | | | | | |
| Name of Person Completing Form: | | | |  | | | | | | | | |
| Job Title of Person Completing Form: | | | |  | | | | | | | | |
| Signature: | |  | | | | | | | Date: | |  | |

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| **PART 2: Subsequent contact regarding same period of absence** | | |
| **Updates on employees absence** |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date: |  | Time: |  | Name of individual who spoke to the absent employee: |  |
| Please provide details of the information provided by the employee and any other relevant information. | | | | | |
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| --- | --- | --- | --- | --- | --- |
| Date: |  | Time: |  | Name of individual who spoke to the absent employee: |  |
| Please provide details of the information provided by the employee and any other relevant information. | | | | | |
|  | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Date: |  | Time: |  | Name of individual who spoke to the absent employee: |  |
| Please provide details of the information provided by the employee and any other relevant information. | | | | | |
|  | | | | | |