**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** |  |  |

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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.  |
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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.  |
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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.  |
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