

**SC1 NOTIFICATION OF SICKNESS ABSENCE (STRICTLY PRIVATE & CONFIDENTIAL)**

The purpose of this form is to notify the Payroll Dept (or the person who is responsible for inputting sickness absence in your department) that a **sickness absence has (a) started and (b) ended**. In cases where the absence is **short** (i.e. under a week) it may be possible to start and end the absence in one go using this form only once. However, for **longer** absence (i.e. over a week) you will use this form for the first time to start or 'open' the absence and then once the employee returns you will use it a second time to end or 'close' the absence. This will confirm the exact period of absence due to sickness.

**Line Managers** - are responsible for ensuring this form is completed at the start and/or the end of an absence.

\* **Statement of Fitness for Work (formerly Medical Certificate)** - is required from the employee to support any absence that lasts over 7 calendar days (staff under absence monitoring will normally be required to submit a Statement). Where a Statement indicates a phased return to work the absence should be ended. If at the end of the phased return the employee is unable to perform all their normal duties please contact your HR Manager/Advisor. It is possible that a new period of sickness absence will start.

**EMPLOYEE DETAILS**

Last name .....	First names .....
Department .....	Payroll Number .....
Date of first day of absence from work .....	
Date of last day of absence (incl. non-working day).....	
* Statement of Fitness for Work required?	YES / NO
*If a Statement of Fitness for Work is required is it attached?	YES / NO
If it is not attached when will it be forwarded? .....	

**ABSENCE REASON**

Please state the reason of the sickness absence by ticking the appropriate box:

Cold/Influenza		Pregnancy Related		Fracture		Stroke		Skin Complaint	
Heart Attack / Cardiovascular Problems		Respiratory Infection		Back Pain		Diabetes		Depression / Anxiety	
Alcohol / Drug Abuse or Misuse		Stress		Arthritis/Joint Problems		Headache/Migraine		Urinary problems	
Hypertension / High Blood Pressure		Cancer / Tumour		Stomach Upset		Dental Problems		Muscle Strain / Sprain or Injury	
Other ( Please Specify)								Gynaecological Problems	

**ACCIDENTS AT WORK**

Is absence due to an accident at work?

YES \*\* / NO

\*\* If you have answered YES please confirm that an Accident Report Form has been completed

YES / NO

Was the absence the result of an accident for which damage will be receivable from a third party

YES / NO

**SIGNATURES**

I declare that the details given above are correct to the best of my knowledge.

**Employee's Signature (On Return to Work)** .....

**Date** .....

**Manager's Signature** .....

**Date** .....

**Manager (Please Print Name)** .....

**Tel Ext** .....

Managers are required to now submit this form in a timely manner to the Payroll Office or to the person in the department who has responsibility for inputting and / or managing sickness absence information.

<b>Internal Use Only</b>	<i>Date Input</i>	<i>Name / Initial</i>
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