

Sickness Absence Form

Absence Summary

Employee first name	
Employee surname	
Job title	
First date of sickness	
Reason for Absence	
Last date absent from work	
Number of working days absent inc. half days	
If the absence includes a half day, was this am or pm?	
Total number of day's employee works per week inc. half days.	

Return to work discussion/Self Declaration

This section of the form must be signed by the employee as it is also the employee's Self Declaration Form. This document must then be kept in the employee file

Reminder: Before completing this section, you should be familiar with the employee's sickness record over the past 12 months and consider whether this gives cause for concern.

Managers should ask the employees the following questions;

Please give the reason for your sickness	
Was the absence work related and/or workplace injury?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If yes, ensure all necessary risk assessment/forms are completed.</i>	
Are you fully recovered?	
If not, to what extent are you still unwell?	
Are you fit enough to carry out the full range of your duties?	

<i>If not, discuss appropriate adjustments or in exceptional circumstances send the employee home. You may need to ask the employee to get a doctors Fit Note stating they 'may be fit to work' or consider arranging an Occupational Health appointment</i>	
Do you have an underlying health, or other problem?	
<i>If yes, discuss options/support available.</i>	
Are you on medication or receiving treatment?	
Does the medication/treatment impact your abilities to carry out your duties?	
Is there any further/on-going support we can offer you?	
Total number of days absence in the last 12 months, including most recent absence:	
Number of occasions:	
Manager to complete	
Does this equate to (tick all that apply):	
A total of 5 working days or equivalent of one working week, on one or more occasions in a rolling 3 months period	
3 separate periods of absence in a 3 month period	
5 days or more in a rolling 12 month period	
Action proposed where relevant e.g. Absence Review Meeting, Risk Assessment etc.	
Absence Declaration	
I declare that the details given above are true. I agree to this information being retained for employment purposes under the General Data Protection Regulations 2018'	
Signed by Employee:	Date:
Signed by Manager:	Date: