

ABSENCE RECORD FORM

A FALSE SICKNESS DECLARATION CAN BE AN OFFENCE UNDER THE RELEVANT STATUTE

Name : Clock No/ :
Department

Period of Absence : Time From : am/pm Time To:
Date : / / Date : / /

Reason For Absence : Sickness Holiday
Other

Absence Details:

If your absence was due to sickness or injury, please complete the remainder of the form

Details of a period of incapacity to work due to sickness or injury

1. Did your period of sickness commence during a weekend, rest day, holiday or any other non-working day
Yes No

2. If YES please give day and date / /

3. Have you within the previous period of 14 days been incapacitated by sickness for 4 or more calendar days (include weekends & holidays)
Yes No

4. If YES provide dates From : / / To: / /
Length of incapacity : Days

5. During your last period of sickness did you consult a Doctor
Yes No

6. If YES please give : Doctors Name: Tel No:
Date & Time of Visit / Telephone Call / / am/pm
Did you obtain a sickness certificate Yes No
(IF YES PLEASE ATTACH)

7. Brief details of advice given:

8. If you did not consult a Doctor, please state reason

9. Are you currently taking or undergoing any form of medication (i.e. tablets, medicine, etc) resulting from this sickness ?
Yes No

10. If YES have you been informed that this is likely to effect your performance at work or be a safety hazard ?
Yes No

If YES Please specify

The above information is true and accurate in every respect. I understand and accept that the provision of false information would be a breach of trust sufficient to allow my employer to take disciplinary action which may in certain circumstances lead to my dismissal. I hereby give my employer permission to contact my Doctor to verify the above information where necessary.

SIGNED : _____ DATE : / /
(EMPLOYEE)

FOR MANAGEMENT USE

SIGNED : _____ Position : _____ Date: / /