NOTIFICATION OF SICKNESS ABSENCE FORM

This form is used to open the sickness absence record and is to be completed on the first day of absence by the manager/supervisor or person receiving notification of absence from the member of staff.

This form should be completed and forwarded to the OHR, Corporate Services, 2nd Floor, St. Andrews House, Douglas via the internal mail, fax to 642748 or by Email to OHR, Corporate Services

Section A1.1 - Notification - To be completed on the first day of absence *(PLEASE PRINT)*

Member of Staff Details			
Name		Date of Birth	
Department/ Section			
Manager/ Supervisor		NI Number (Optional)	

Sickness Absence Details				
Notification given by: *In all but exceptional circumstances this should be the member of staff*				
Person receiving notification: *In all but exceptional circumstances this should be the manager/supervisor*				
Date and time of notification	Date:		Time:	
First date of absence	Date:			
Reason given for this sickness absence:				
Contact details during absence:				
How notified: (Tick appropriate box)	Telephone ☐	In person ☐	E-mail ☐	Text ☐
Expected date of return (if known)	Date:			
Give details of work commitments eg meeting scheduled; deadline for processing work in progress, etc:			Manager/supervisor informed of absence: (Tick box to confirm) ☐	

Did the member of staff leave during the day/shift?		YES/NO*	
If **YES**	• What was the scheduled start and finish time?	Start time:	Finish time:
	• What time did the member of staff leave work?	Time:	

Was the above absence caused by an **accident/injury** whilst on duty?		YES/NO*
If **YES**	• Have you complied with accident reporting procedures of your area eg completed an accident form?	YES/NO*
	• Was the above accident caused by a third party?	YES/NO*
	• Has a form of undertaking been signed?	YES/NO*

* Delete as appropriate

Section A1.2 – Ongoing Sickness Absence - *To be completed by manager/supervisor*

Members of staff should submit SC1 forms for absences of 4 days or more (See 4.3). If absence is longer than 4 weeks and SC1 forms have not been completed, manager/supervisor should post SC1 form to member of staff.

Contacted by	Date	Comments (date of return, treatment sought, medical certificates received etc.)

Section A1.3 – Return to Work Meeting Record - *To be completed by manager/supervisor*

First day of sickness absence	Date	Last day of the sickness absence	Date
Total number of working days absent		Total number of working hours absent (Health & Social Care staff only)		Total number of calendar days absent	

Was the above sickness absence caused by an **accident/injury** whilst on duty?		YES/NO*
If the answer is **YES**	• Ensure compliance with the accident reporting procedures for your area eg complete an accident on duty form. (Tick box to confirm)	
	• Was the member of staff unfit for work for more than 3 days? (Include weekends/public holidays/rest days, but exclude day of accident)	YES/NO*
	• This needs to be reported under RIDDOR (See 4.2 iv) (Tick box to confirm)	

Documents to be completed and submitted according to departmental instructions for processing absence:	**Tick box**
Individual to complete Sickness Declaration Form (Appendix A2) – **ALL ABSENCES**	
Individual to complete a DSC Incapacity Benefit claim Form (SC1) – **ABSENCE OF 4 OR MORE DAYS**	
Medical Certificate (sick note) received – **ABSENCE OF 8 OR MORE DAYS**	

Discussion:	**Tick Box**
Welcome the member of staff back to work and explain the purpose of the meeting:	
Discuss the absence and inform the member of staff that the absence will be recorded and monitored	
Ask whether he/she has consulted a doctor/ attended hospital and whether the advice given is being followed	
If there is a target for sickness absence in place, remind the member of staff about it and what might happen next	
Discuss whether there are any other work or domestic problems the member of staff wishes to raise	
Discuss whether an Occupational Health referral might be of benefit or whether any other support, such as counselling, is appropriate	
Update on any developments during the absence	
Comments/ Issues raised:	
Follow up Action Plan:	

Signature of manager/supervisor		Date of meeting

* Delete as appropriate