

**MODEL ABSENCE DECLARATION IN RESPECT OF PERSONAL SICKNESS/INJURY**

On every occasion of an absence, this form must be completed and signed by the employee. The Headteacher/Manager must speak to every employee after every absence and complete the return to work record.

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| --- | --- |
| A | EMPLOYEE’S SURNAME……………………………………… INITIALS……………………EMPLOYEE NUMBER (GUS)………………………………………………………………………………………JOB TITLE…………………………………………………………………………………………………………….PLACE OF WORK………………………………………………………………………………………FULL TIME/PART TIME (delete as appropriate) |
| B | **ABSENCE DETAILS**First day of sickness (including non-working days such as Saturday, Sunday or holiday)DATE…………………………………………………… TIME…………………………………………. AM/PM**Part-time, shift patterns and rota staff only, please complete the following:** tick the working days absent in the boxes below:

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| MON | TUE | WED | THU | FRI | SAT | SUN | MON | TUE | WED | THU | FRI | SAT | SUN |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Details of absence** ………………………………………………………………………………………………….………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………….**Date last worked before absence**…………………………… |
| C | **LAST DAY OF ABSENCE**What was your last day of incapacity? (including Saturday, Sunday or any holiday) DATE: …………………………………………………………… |
| D | **MEDICAL ADVICE**

|  |  |  |
| --- | --- | --- |
| Did you at any time during your absence consult your doctor? | YES | NO |

If YES when did you do so? – DATE …………………………What did the doctor advise? ……………………………………………………………………………………......………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………….

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| --- | --- | --- |
| Were you issued with a doctor’s fit note? | YES | NO |
| If YES, did you return to work of your own accord earlier than the return date given on your doctor’s fit note? | YES | NO |

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| E |

|  |  |  |
| --- | --- | --- |
| Was the absence caused by a safety incident at work? If YES, please check that an Accident Report Form has been completed  | YES | NO |

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| F |

|  |  |  |
| --- | --- | --- |
| Has your Headteacher/Manager spoken to you about your absence since your return to work? | YES | NO |

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| G | **DECLARATION BY EMPLOYEE**I declare that the details given in parts A to F above are correct to the best of my knowledge. I accept liability for any problems that may arise if I have returned to work earlier than stated on my doctor’s fit note (if applicable)Signed …………………………………………………. Date………………………………………………………. |
| H | **RETURN TO WORK DISCUSSION**A manager **must** speak to employees after every absence and complete a record of the discussion. I confirm that I have spoken to the employee about the absence and discussed if any further action is required.Signed (Headteacher/Manager)……………………………………. Date………………………………………. |
| I | **RETURN TO WORK STRUCTURED INTERVIEW**A more comprehensive and structured “Return to Work” interview must be carried out when:* The employee has been absent for more than 14 calendar days continuously, and/or
* The employee has had a significant number of short term absences, reaching eight days absence over three periods in a year, and/or
* The Headteacher/Manager is concerned about the employee’s health and welfare

Was this absence related to a previous absence(s) YES NO(If YES give the nature of previous absence(s))…………………………………………………………………………………………………………………………………………………………………………………………..………………………………………………………………………………………………………………………..Does the employee consider that further medical treatment will be required YES/NO/UNSUREAre there any underlying problems relating to the absence (personal, work, domestic, etc) and can the Headteacher/Manager, OHU etc give assistance to the employee? ………………………………………….……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………Brief summary of main points of discussion with employee …………………………………………………….………………………………………………………………………………………………………………………….………………………………………………………………………………………………………………………….…………………………………………………………………………………………………………………………..…………………………………………………………………………………………………………………………..………………………………………………………………………………………………………………………….ANY FURTHER ACTION REQUIRED RESULTING FROM THE STRUCTURED INTERVIEW:

|  |  |
| --- | --- |
| No further action necessary |  |
| Provide continuing/additional management support |  |
| Refer to Occupational Health Unit for medical opinion/counselling advice/support |  |
| Consider, in conjunction with HR, the use of the capability procedure to improve attendance record |  |

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| K | **DECLARATION BY EMPLOYEE AND HEADTEACHER/MANAGER**I declare that the information shown above is a correct record of the outcome of my interview.Signed (employee)……………………………………………………………. Date……………………………..I confirm that I have discussed the above with the employee and that appropriate action has been taken where necessary.Signed (Headteacher/Manager)……………………………………………... Date…………………………… |