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**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? ……………………………………………………………………………………......  ………………………………………………………………………………………………………………………….  ………………………………………………………………………………………………………………………….   |  |  |  | | --- | --- | --- | | 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 | |
| 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 | |
| F | |  |  |  | | --- | --- | --- | | Has your Headteacher/Manager spoken to you about your absence since your return to work? | YES | NO | |
| 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/UNSURE  Are 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 |  | |
| 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…………………………… |