STRICTLY CONFIDENTIAL ANNEX 1

**QUEEN’S UNIVERSITY BELFAST**

**SICKNESS ABSENCE FORM (SAF)**

**Part 1 -** To be completed by line manager on notification of sickness absence for a member of staff absent from work for a half day or more

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Details of Employee** | | | | | | | | | | | | | | | | | |
| Surname: | |  | | | | | | Forename: | | | | |  | | | | |
| Section/Department/School: | | |  | | | | | | | | | | | Staff No. | |  | |
| First day of sickness: | | | | | |  | | | | | (date) | | | Half Day Sickness? | | | **Yes/No** |
|  | | | | | (day) |
| Estimated Return Date: | | | | | |  | | | | (date) | | | |  | | | |
|  | | | | (day) | |
| Reason for Absence: | | | | | | | | | | | | | | | | | |
| **Details of Line Manager or Nominee** | | | | | | | | | | | | | | | | | |
| Name: |  | | | | | | | | Signed: | | |  | | | | | |
| Date: |  | | | | | | | | Time: | | |  | | | | | |
| **Details of Monitoring Officer** | | | | | | | Online Record Updated? | | | | | | | | **Yes/No** | | |
| Name: |  | | | | | | | | Signed: | | |  | | | | | |

**Please forward copy to monitoring officer for entry to online record**

**Part 2** - To be completed by line manager and employee at return to work meeting following sickness absence

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Last day of sickness | | | |  | | | (date) | Half Day Sickness? | | **Yes/No** |
|  | (day) | | |
| Total no. of working days absent: | | | |  | Working Days | | | | | |
| Did you receive medical treatment from your GP or other medical professional during your absence? | | | | | | | **Yes/No** | | | |
| If yes, please state where and when: | | | | | | | | | | |
| Is your injury/illness work related? | | | | | | | **Yes/No** | | | |
| If yes, please provide details: | | | | | | | | | | |
| **Details of Monitoring Officer** | | | Online Record Updated? | | | | | | **Yes/No** | |
| Name: | |  | Signed: | | |  | | | | |
| **DECLARATION**  I declare that I have not worked during the period of sickness and that the above statement is true and accurate to the best of my knowledge. I understand that to give false or misleading information can result in suspension of occupational sick pay, disciplinary proceedings that may lead to dismissal | | | | | | | | | | |
| Signature  (Employee) ………………………………………….. | | | | | | | Date: …………………….... | | | |
| Signature  (Line Manager) ………………………………………….. | | | | | | | Date: ……………………… | | | |

**Please forward to the monitoring officer for entry to online record and filing.**

**02/12/2015**