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**