Appendix F

Sickness Notification Form – to be completed on first day of absence

Name			
Job title / team		**Contact no.**	
1st day of absence		**If attended work – time employee left work**	
Reason for absence			
Date inputted on ESR/Health Roster (within 3 working days of absence)			

No. of absences / days absent in rolling 12-month period (including this absence) (tick box that applies):

1 episode & < 21 days in total		**Ensure return to work meeting completed on 1st day back at work**
2 episodes & < 21 days in total		**Ensure return to work meeting completed on 1st day back at work**
3 episodes or > 20 days absence in total		**Arrange formal sickness meeting if absence expected to last more than 20 days**

Was the absence related to an accident at work?					
Yes		**No**		**If yes, date Datix report completed:**	
If absence related to an accident at work and > 7 days, date RIDDOR completed:					

Is the absence related to an accident attributable to a 3rd party?	**Yes**		**If yes, ensure this is recorded on ESR/Health Roster.**
	No		
Is the absence related to participation in a sport as a profession?	**Yes**		**If yes, contact HR for advice.**
	No		

Date support services discussed with employee (as appropriate):			
Occupational Health		**Counselling**	
LMWS / Stress management / Mindfulness courses		**MSK**	
Coaching			

Record of contact

Date	Notes	Manager's initials