

USP1 - NOTIFICATION OF SICKNESS ABSENCE

This document MUST be submitted to the HR Operations Office as soon as possible after the first day of absence.

1. TO BE COMPLETED AT COMMENCEMENT OF SICKNESS ABSENCE BY EMPLOYEE

Surname: Forename(s):

School/Department: Employee No:

Date of first day of incapacity (incl. non working days)

Date of first day of absence from work

Is absence due to an **industrial injury**? YES / NO

Is absence due to an **accident at work or work related**? YES / NO

If you have answered YES to either of the above questions, the originating department must send copies of the completed form to the Safety Office & Occupational Health Department.

2. WORKING DAY PATTERNS

It is essential that this section is completed for all staff to ensure that correct payments or deductions are made.

MON	TUE	WED	THUR	FRI	SAT	SUN	W/E SUNDAY

If the employee has not returned to work by the end of the 7th day of absence (including any Non Working Days) then a second USP1 must be forward to the HR Operations Office when the employee returns to work.

3. SELF CERTIFICATION FOR SICKNESS ABSENCE

This section is to be completed by the employee on all occasions of sickness absence (from first day up to and including the seventh calendar day). Absences in excess of seven calendar days will require a Medical Certificate from the eighth calendar day until return to work.

Reasons for sickness absence:

.....

I declare that the details given above are correct to the best of my knowledge.

Employee's signature: Date:

4. CONFIRMATION OF RETURN TO WORK

Date of return to work:

Date fit to return to work (if different from return to work date):

5. EMPLOYEE NOT RETURNED TO WORK ON OR BY EIGHTH DAY OF ABSENCE

(Inclusive of rest days, bank holidays and weekends)

Medical certificate: attached / to follow Date employee expects to be fit to return to work:
(circle as appropriate)

6. MANAGER/SUPERVISOR SIGNATURE **DATE**

PRINT NAME