## USP1 – Notification of sickness absence

|  |  |
| --- | --- |
| Section 1 To be completed by the WORKER at commencement of sickness absence[MANAGER to complete if start of absence is known, but date of return is not clear] | |
| **Last name** Enter text here | **First name(s)** Enter text here |
| **Student number** Enter text here | **School/Function**  Enter text here |
| **Date of first day of incapacity (including non-working days)** Click here to enter a date. | |
| **Date of first day of absence from work** Click here to enter a date. | |
| Is absence due to an **industrial injury?** Choose an item. | |
| Is absence due to an **accident at work or work related?** Choose an item. | |
| *If you have answered* ***YES*** *to either of the above questions, the relevant line manager should send the completed form to Health & Safety Services and consider whether a management referral to Occupational Health Services is required.  It is advisable to contact the HR Partner or Adviser for their School/Department/Function in the first instance to determine if the latter is appropriate.* | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Section 2 Working Day Patterns | | | | | | | |
| **It is essential this section is completed to ensure that correct payments or deductions.**  **Enter the number of hours worked per day.** | | | | | | | |
| MON | TUE | WED | THU | FRI | SAT | SUN | W/E SUNDAY |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Section 3 SELF-CERTIFICATION for sickness absence | | |
| **This section is to be completed by the worker 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.** | | |
| **Reason for sickness** Enter text here | | |
| ***By checking the box below, I declare that the details given above are correct to the best of my knowledge.*** | | |
|  | ***Sign or Print Name*** |  |

|  |  |  |
| --- | --- | --- |
| ☐ |  | **Date** Click here to enter a date. |

|  |  |
| --- | --- |
| Section 4 Confirmation of return to work | |
| **Date of return to work:** Click here to enter a date. | **Date fit to return to work** (if different from return to work date: Click here to enter a date. |
| **Reason for date of return being different:** | *e.g. Bank Holiday, Closure Day, Compassionate Leave* |

**If the worker 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 Campus Jobs when the worker returns to work.**

|  |  |
| --- | --- |
| Section 5 Worker not returned by 8th day of absence (inclusive of rest days, weekends and bank holidays) | |
| **Medical certificate:** Choose an item. | Date worker expects to be fit to return to work: Click here to enter a date. |

|  |  |
| --- | --- |
| Section 6 Declaration | |
| **Line Manager signature**  **Print Name:** Click here to enter text. | **Date** Select date |

The Line Manager must return this form to the Campus Jobs Office and if sent from the Line Manager’s email address to [campusjobs@reading.ac.uk](mailto:campusjobs@reading.ac.uk) this can replace the need for a signature.