**Weekly Sickness Absence Reports**

Notes for guidance:

1. This form is necessary for implementing sick pay regulations and keeping of records by law.
2. The completed form must be sent to HR Operations on the Monday following the week covered by the return. A copy should also be sent to the Departmental Superintendent/Administrator and one retained within the department.
3. Please mark the days absent by using the letter X.
4. Please indicate whether the absence could be work related by referring to the certificate authorising the absence
5. If no persons are absent then a ‘Nil Return’ is required.
6. Sickness Self Certificates or a GP/hospital Statement of Fitness to Work should be attached to the form.

Please complete the following in **block capitals**.

WEEK ENDING SUNDAY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DEPT \_\_\_\_\_\_\_\_ SECTION ­\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name | Mo | Tu | We | Th | Fr | Sa | Su | Reason (see attached list) | No. of Working Days | Could it be work related? | Cert Attached? Y/N |
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SIGNED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PRINT NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- |
| **ABSENCE CATEGORY** | **Absence reason examples** | **ABSENCE CATEGORY** | **Absence reason examples** |
| **Musculo-skeletal Back & Neck** | Sciatica | **Respiratory** | Colds, flu  Pneumonia / bronchitis Asthma - work–related Asthma - other  Lung infections  TB  **Coronavirus** |
| **Musculo-skeletal Upper limb** | Arm, hand Shoulder | **Skin** | Eczema Psoriasis Shingles Infections  Allergy - work-related Allergy - other |
| **Musculo-skeletal other** | Lower limb Head injuries Other injuries  Road traffic accidents Multiple injuries Abdominal strain Arthritis  Inguinal Hernia Hiatus Hernia | **Genito Urinary** | Recurrent miscarriage Cystitis  Stones Pregnancy Hysterectomy D & C  Prostate conditions Period pains Irregular bleeding |
| **Cardiovascular** | High blood pressure Angina / Heart Attack Stroke  Deep vein thrombosis (DVT)  Varicose veins Palpitations Heart operations  Reynaud’s Disease  Blood Disorders | **Nervous system** | Migraine Multiple sclerosis Epilepsy  Vertigo Cerebral Palsy |
| **Gastro-intestinal** | Bowel disorders Liver / Gall bladder Acid reflux Diarrhoea / Vomiting Haemorrhoids (piles) Appendicitis  Ulcer | **Misc symptoms** | Malaise / debility Headache Dizziness Glandular Fever Post viral lethargy |
| **Mental Ill Health** | Major psychiatric illness Stress / PTSD  Anxiety / Panic disorder Depression  Eating Disorders OCD  Drug induced psychosis | **ENT & Eyes**  **(Ear, Nose & Throat)** | Allergy - work-related Allergy – other Infections / sinusitis Hayfever  Sleep Apnoea |
| **Cancer** | Unspecified cancers Hodgkins Lymphoma Leukemia | **Other** | Childhood (infectious) diseases  Alcohol and drug addiction  Dental  Indecipherable conditions |
| **Endocrine** | Diabetes  Hypo/hyperthyroid |  |  |