**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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| **CATEGORY** | **EXAMPLES** | **CATEGORY** | **EXAMPLES** |
| **Musculo-skeletal**  **Back & Neck** | Sciatica | **Respiratory** | Colds, flu  Pneumonia / bronchitis  Asthma - work–related  Asthma - other  Lung infections  TB |
| **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  Women’s complaints |
| **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 |  |  |