*Please complete electronically then print, sign and return to clare.wickings@phc.ox.ac.uk*

|  |
| --- |
| Employee details |
| Your name:  |
| Job title:  |
| Payroll number *(from your payslip)*:  |
| Dates of sickness |
| First full day of sickness:  |
| Last full day of sickness:  |
| Date your returned to work:  |
| Number of working days spent as sickness absence *(if part-time, please specify number of hours)*:  |
| Please state briefly why you took sickness absence *(this field is expandable)*:  |
| Was this as a result of an accident or an injury at work?  |
| **Declaration** *(to be completed by the member of staff reporting the absence)*I confirm that I was unfit for work due to sickness in the period stated above and that the information that I have given is correct and complete. I understand that making a false statement may result in disciplinary action being taken and sick pay being terminated.I understand that this information will be used to record my absence and calculate my entitlement to sick pay.Your signature and date |
| For Department use only |
| Comments: |