*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: |