

Central England Area Quaker Meeting
SAF1 Sickness Absence Monitoring Form
 Year _____

Name..... Job Title.....

Dates Absent	Reason	No. of Hours/ Days Absent	U/S/C	Total No. of Hours/Days Absent Cumulative	Staff Signature	Line Manager Signature

Key: U = Uncertified Absence (1 to 3 work days)
 S = Self Certification (4 to 7 days)
 C = Certified Absence (8 or more days)

Following absence, all employees returning from sick leave are to complete and return form to Line Managers. Please see the **Management of sickness absence and long term ill-health** policy and procedures for more information.