**Central England Quaker Sickness and Absence Forms**

**Appendix 1 – Self Certificate Form**

This form should be used to record Self Certificated Sickness Absence for periods of absence of less than 7 calendar days. For periods of sickness absence exceeding 7 calendar days, a medical certificate(s) must be provided, and the Self Certificate Form should be completed for the entire period of absence on return to work. When completed, this form and medical certificate (if required) should be forwarded to your line manager before your return to work meeting.

To be completed on the first day back by the employee and countersigned by the line manager. **ALL SECTIONS MUST BE COMPLETED.**

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| --- | --- |
| **Employee Name** |  |

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| --- | --- | --- | --- | --- | --- |
| **Dates your sickness**  **began and ended**  *The dates you give may not be days that you normally work* | **From** |  | **To** |  | |
| **Dates absent from work** | **From** |  | **To** |  | |
| **Total number of working days absent** |  | | | | |
| **Reason(s) for Absence** |  | | | | |
| **Did you consult a medical practitioner during your absence?** | **Yes** 🞏  **No** 🞏 | | | | |
| **Are you continuing to undergo any treatment or taking any medication that may affect your ability to do your job?** | **Yes** 🞏 **No** 🞏 | | | | |
| **Do you consider yourself to have a disability *(Please 🗸)*** | **Yes** 🞏 **No** 🞏 | | | | |
| **Is the absence because of your disability?** | **Yes** 🞏 **No** 🞏 | | | | |
| **Is the absence due to an accident or incident at work? *(Please 🗸)*** | **Yes** 🞏 **No** 🞏 | | | | |
| **Employee Signature** | | | | | |
| I understand that if I knowingly provide false information about my absence, it will result in disciplinary action and may affect any entitlement to SSP and Organisational Sick Pay. I certify that the above information is true. | | | | | Date: |
| **Line Manager Signature** | | | | | |
| I certify that the employee was absent on the above dates. | | | | | Date: |

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**Appendix 2 – Return to Work Meeting Record**

The employee must have completed the self-certification form (Appendix 1) and given a copy to their line manager either before, or at the beginning of their return to work meeting.

The return to work meeting should take place within a week of the employee’s return

to work, and may take place by telephone/other electronic means if agreed.

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| --- | --- |
| Employee: |  |
| Manager’s name: |  |
| Date of return to work: |  |
| Date of this meeting: |  |

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| Current state of health: the manager should discuss the following points with the employee- |
| Whether they feel fit and able to return to work? *(This should include consideration of any occupational health report that has been prepared, or any advice from the GP e.g. on the fit note.)* |
| Whether their medical condition has cleared up and/or whether it is likely to recur and if so, how often/over what period? |
| If the employee considers they have a disability **or** an ongoing medical condition, are there any adjustments that could be made to their work or workplace to assist with them returning to, or remaining at work? (please detail these if possible) |
| Does the line manager or employee think that an occupational health report (or a further occupational health report) is now necessary? |
| Has the line manager brought the employee up to speed with any relevant matters  that have taken place at work in the employee’s absence? |

If the employee is approaching or has reached the trigger points, set out at pages 6-7 of the Sickness Absence Policy and Procedure(SAPP), for frequent short term or long term absences, the following points will also be discussed to assist the employee in improving their attendance

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| What concerns are there about the employee’s attendance levels: e.g. the extent  to which they may be approaching or have reached the limits set out in the SAPP? |
| If actions have already been taken to get the employee’s attendance back on  track, what are they? |
| What were the results of that action? |
| What steps or further steps is the employee now required to take to improve their sickness absence?  *(list agreed improvements, e.g. no further unplanned absence expected in the next*  *3 months; no more than 1 instance in the next 12 months)* |
| What will be the next date at which the employee’s absence levels will be  reviewed? |
| Employees should note that excessive short term, or long-term absences may lead to steps being taken under the capability or disciplinary procedures. |

**Signed (manager): Signed (employee):**

**Date: Date:**

**Appendix 3 – Attendance Improvement Plan**

Attendance Improvement Plan for: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Manager’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- |
| The concerns we discussed about the employee’s attendance levels are | |
| Actions taken so far to get the employee’s attendance back on track are | |
| The results of that action | |
| What the employee is required to do now  *(list agreed improvements, e.g. no further unplanned absence expected in the next 3 months; no more than 1 instance in the next 12 months)* | |
| The timescale in which the employee’s attendance will be monitored | |
| The planned absences for the employee which are acceptable during this period  *(list if anything was agreed e.g. annual leave / medical appointments / study leave)* | |
| The consequences of the employee not improving their attendance | |
| **Signed (manager):**  **Date:** | **Signed (employee):**  **Date:** |