

MONTHLY ABSENCE RETURN FORM

GUIDELINES FOR COMPLETION

This form should be completed for every member of staff who has been absent from work. The completed form should be emailed to the Human Resources Department by the 3rd of each month so that any entitlement to sick pay or necessary pay adjustments can be actioned in the same month's salary payment.

Please confirm the type of absence and reasons for any sick leave by entering the appropriate category code in the boxes below. **These codes will support the effective management of individual ill health issues, by enabling more specific detail to be recorded to enable us to more effectively meet our duty of care towards our staff.** Codes should only be entered against the days when the member of staff was absent. Category codes are confirmed below and further information is available from the Human Resources Department. **Please note if a member of staff is not comfortable providing information regarding the nature of an illness they can either speak to their Line Manager or HR Business Partner.**

Absences are recorded to the nearest half day. Any absences of half a day or more should be recorded. If a period of absence is for half a day, please tick the relevant box. Otherwise absences will be recorded as a full day. The number of hours a member of staff would normally work per day also needs to be entered in the Normal Hours box if any absence during that week has occurred.

Please forward (or attach if sending a paper copy) any necessary self certificates or doctor/hospital certificates to the Human Resources Department. A self certificate form needs to be completed by the member of staff for sickness absence lasting between 3 and 7 days and can be downloaded from the Human Resources website. A doctors/hospital certificate is required for sickness absence exceeding 7 days. If a member of staff returns to work for less than 1 working day before taking further sick leave for a related or similar illness, the period of absence will be considered to be continuous and a further certificate may be required. If a medical certificate is to follow, please indicate by ticking the relevant box below.

ABSENCE CODE	ABSENCE CATEGORY
SL	Sick Leave
CL	Compassionate Leave
DL	Dependant Leave
PL	Parental Leave
SL	Study Leave
UA	Unauthorised Absence
OP	Other paid leave
OU	Other unpaid leave
SAB	Sabbatical Leave

SICKNESS CODE	SICKNESS CATEGORY	EXAMPLE
C	Cancer	
DD	Digestive disorder	Diarrhoea, IBS, gallstones, chrohn's disease
E	Endocrines	Thyroid, diabetes, glands
G	Gynaecology	Hysterectomy, painful periods, cervical screening
HD	Heart disease	Hypertension, congenital heart disease
I	Infections	Influenza, respiratory infection
MH	Mental Health	Depression, anxiety, stress related illness, addictions
MAI	Minor ailments/illness	Coughs, colds, headaches, toothache
MJB	Muscles, joints & bones	Broken bones, back pain, carpal tunnel syndrome
PSR	Post surgery recovery	
PRI	Pregnancy related illness	
IW	Injury at work	
O	Other – please specify	

Name:

Payroll No:

Month/Year of Return:

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W/C ___/___/___					
	Absence Code	Sickness Code	Half Day	Normal Hours	Certificate to Follow
SUN					
MON					
TUE					
WED					
THU					
FRI					
SAT					

W/C ___/___/___					
	Absence Code	Sickness Code	Half Day	Normal Hours	Certificate to Follow
SUN					
MON					
TUE					
WED					
THU					
FRI					
SAT					

W/C ___/___/___					
	Absence Code	Sickness Code	Half Day	Normal Hours	Certificate to Follow
SUN					
MON					
TUE					
WED					
THU					
FRI					
SAT					

W/C ___/___/___					
	Absence Code	Sickness Code	Half Day	Normal Hours	Certificate to Follow
SUN					
MON					
TUE					
WED					
THU					
FRI					
SAT					

Completed by:

Signed:

Date: