This form supports the Managing Sickness Absence Policy by providing us with information about the reason for your absence. This will allow us to develop strategies and implement initiatives to improve the health and wellbeing of employees. It will be used for pay purposes to ensure that your pay is accurate and that you are not over or under paid whilst on sick leave and that you receive all relevant benefits at the appropriate time. It will also be used to assess the council wide picture of sickness absence and ensure that we respond to the needs of employees.

|  |  |  |
| --- | --- | --- |
| **Name** | **Employee Number** | **Job Title** |
| **Day** | **Mon** | **Tues** | **Wed** | **Thurs** | **Fri** | **Sat** | **Sun** |
| **Date** |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| **Reason for absence** | Tick one box only  | Description of symptoms |
| **Minor ailment** (for example cold, headache, stomach upset) | Non-work-related [ ]  [ ]  **(12)** [ ]  **(11)** [ ]  **(10)** | Work-related[ ]  |  |
| **Respiratory** (for example chest infection, bronchitis, asthma, pleurisy, pneumonia, emphysema, lung cancer) | Non-work-related [ ]  [ ]  **(12)** [ ]  **(11)** [ ]  **(10)** | Work-related[ ]  |  |
| **Heart/Circulatory** (for example heart attack, stroke, hypertension – high blood pressure) | Non-work-related [ ]  [ ]  **(12)** [ ]  **(11)** [ ]  **(10)** | Work-related[ ]  |  |
| **Musculo-skeletal (**for example back pain, lumbago, sciatica, sprain, strain, arthritis, tendonitis, spondylosis, frozen shoulder) | Non-work-related [ ]  [ ]  **(12)** [ ]  **(11)** [ ]  **(10)** | Work-related[ ]  |  |
| **Injury** (for example broken bone, burn, scald, cuts, crushing, bruising) | Non-work-related [ ]  [ ]  **(12)** [ ]  **(11)** [ ]  **(10)** | Work-related[ ]  |  |
| **Mental wellbeing** (for example stress, anxiety, depression, debility, nervous debility) | Non-work-related [ ]  [ ]  **(12)** [ ]  **(11)** [ ]  **(10)** | Work-related[ ]  |  |
| **Infection/virus** (for example influenza, measles, mumps, chickenpox, shingles, jaundice, hepatitis) | Non-work-related [ ]  [ ]  **(12)** [ ]  **(11)** [ ]  **(10)** | Work-related[ ]  |  |
| **Skin condition** (for example eczema, psoriasis, dermatitis, rash) | Non-work-related [ ]  [ ]  **(12)** [ ]  **(11)** [ ]  **(10)** | Work-related[ ]  |  |
| **Any other condition not covered above** | Non-work-related [ ]  [ ]  **(12)** [ ]  **(11)** [ ]  **(10)** | Work-related[ ]  |  |
| **Was this absence as a result of an accident at work?** | Yes [ ]   | No [ ]   |  |
| **Employee signature: Date:****Line manager signature: Date:**  |

**PLEASE NOTE:**

(i) **If you are returning to work after a period of short-term sickness absence (a period of 1-7 days including weekends and public holidays**), you will have a 'Return to Work Interview' with your Line Manager, where you will discuss your completed form. Please take this opportunity to discuss any issues of concern.

1. **If your absence extends beyond this 7-day period**, you should complete the Statement of Short-term absence form and return it with your GP's medical certificate to your line Manager. (A Med3 medical certificate is required from the 8th day of absence.)

(iii) Until you return to work, regular contact should be maintained between **yourself and your Line Manager.** A return to work interview will then be conducted.

|  |
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| **A variety of work-related issues may have an impact on your health and, if they do, it is important that we know about them. These might include:*** Injury as a result of an accident or a violent attack in the course of your work
* Feeling under pressure following a violent attack, harassment, or bullying in the course of your work
* Feeling under pressure from work-related problems
* Back or neck pain; headaches; pain, stiffness or numbness in the hands or arms, which might develop over time and which may relate to your working environment
* An allergic reaction which might be triggered by something at work
* Any other condition which YOU think might relate to your work
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Privacy Statement

* The Council processes your information in accordance with data protection legislation.
* We use this for sick pay purposes and keep it for 7 years after you leave unless your post requires a PVG membership where we keep it for 25 years after you leave
* We also use this for monitoring and recording purposes
* You can find full details here [www.falkirk.gov.uk/privacy](http://www.falkirk.gov.uk/privacy)