

Teachers Managing Absence Toolkit TMA (F8)

This form can be used to create a record of the contact from/to a Teacher/Associated Professional during their absence

TMA (F8) 02 SICKNESS ABSENCE REPORTING & CONTACT FORM			
Section 1. Teacher/Associated Professional Details			
Name:			
Contact No:			
Employee No:			
Location/Unit:			
Section 2. Absence Details for iTrent			
Absence Start Date:		Expected End Date: (if known)	
Reason for Absence:			
Is the absence work related? (record on iTrent using UDF, unless work related stress)	Yes <input type="checkbox"/> (if the reason is work related stress, steps should be taken to address issue immediately)	No <input type="checkbox"/>	
Is your absence due to an accident/incident at work? (record on iTrent as sickness absence and Work Related using the UDF until such times that any investigation deems it an Industrial Injury)	Yes <input type="checkbox"/> (date and details of accident/incident must be obtained and recorded on CIRIS if appropriate)	No <input type="checkbox"/>	
Section 3. Other Relevant Information			
Any other information on reason for absence?			
Have you seen/arranged to see a doctor?	Yes <input type="checkbox"/> (If seen what advice was given?)		No <input type="checkbox"/>
Do you have any meetings arranged that have to be covered?	Yes <input type="checkbox"/> (details)		No <input type="checkbox"/>
Any outstanding work/deadlines to meet?	Yes <input type="checkbox"/> (details)		No <input type="checkbox"/>
Did Teacher / Associated Professional make contact directly?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Who made contact?

If no, what reason was given for the absent Teacher/Associated Professional not contacting directly? (this should only happen in exceptional circumstances)			
Person Receiving Notification (This should be the Head Teacher/Depute Head Teacher where possible):		Name:	Job Title:
If Head Teacher/Depute Head Teacher did not take call, they should call the Teacher/Associated Professional back to obtain any missing information and discuss early support measures if appropriate.			
Date/Time of:	1 st Attempt	2 nd Attempt	
Name of Head Teacher/ Depute Head Teacher:		Date Completed:	
Section 4. Further Notification Details (this should be completed where absence exceeds 3 days)			
Notification on 4th day of absence			
Contact made by Teacher/ Associated Professional	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>
Date:		Contact made by:	
Provide details of any update from Teacher/Associated Professional: (If the reason for the absence has changed this must be updated on iTrent)			
Provide details of any action required at this stage: (i.e., early support measures)			
Notification on 7th day of absence			
Contact made by Teacher / Associated Professional	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>
Date:		Contact made by:	
Provide details of any update from Teacher/Associated Professional: (If the reason for the absence has changed this must be recorded on iTrent)			
Provide details of any action required at this stage: (i.e., early support measures)			
Is Teacher/Associated Professional intending to return to work on their next available workday?	Yes <input type="checkbox"/>	No <input type="checkbox"/> (Teacher/Associated Professional must be advised that a "fit note" is required to be submitted as absence will be more than 7 calendar days)	
Additional Contact Record (repeat as required)			
1. Contact made by Teacher/ Associated Professional	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>
Date:		Contact made by:	

Provide details of any update from Teacher/Associated Professional: (If the reason for the absence has changed this must be recorded on iTrent)			
Provide details of any action required at this stage:			
2. Contact made by Teacher/Associated Professional	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>
Date:		Contact made by:	
Provide details of any update from Teacher/Associated Professional: (If the reason for the absence has changed this must be recorded on iTrent)			
Provide details of any action required at this stage:			
3. Contact made by Teacher/Associated Professional	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>
Date:		Contact made by:	
Provide details of any update from Teacher/Associated Professional: (If the reason for the absence has changed this must be recorded on iTrent)			
Provide details of any action required at this stage:			
4. Contact made by Teacher/Associated Professional	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>
Date:		Contact made by:	
Provide details of any update from Teacher/Associated Professional: (If the reason for the absence has changed this must be recorded on iTrent)			
Provide details of any action required at this stage:			