



**Supporting Attendance Toolkit SA02:
Sickness Absence Reporting & Contact Form
(Version: 1.0)**



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Version Number	Effective Date	Details of Last Revision
1.0	21 June 2021	

Section 1: Sickness Absence Reporting & Contact Form

This form can be used to create a record of the contact from/to an employee during their absence

SA02 - SICKNESS ABSENCE REPORTING & CONTACT FORM			
Section 1. Employee Details			
Name:			
Contact No:			
Employee No:			
Service/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 Work Related 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			
1	Any other information on reason for absence?		
4	Have you seen/arranged to see a doctor?	Yes <input type="checkbox"/> (If seen what advice was given?)	No <input type="checkbox"/>
8	Do you have any meetings arranged that have to be covered?	Yes <input type="checkbox"/> (details)	No <input type="checkbox"/>
9	Any outstanding work/deadlines to meet?	Yes <input type="checkbox"/> (details)	No <input type="checkbox"/>
Did Employee make contact directly?		Yes <input type="checkbox"/>	No <input type="checkbox"/> Who made contact?
If no, what reason was given for the absent employee not contacting directly? (this should only happen in exceptional circumstances)			
Person Receiving Notification (This should be the line manager where possible):		Name:	Job Title:

If Line Manager did not take call, they should call the employee back to obtain any missing information and discuss early support measures if appropriate.			
Date/Time of:	1 st Attempt	2 nd Attempt	
Name of Line Manager:		Date Completed:	
Section 4. Further Notification Details (this should be completed where absence exceeds 3 days)			
Contact made by employee on 4 th Day of absence	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>
Date:		Contact made by:	
Provide details of any update from employee: (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)			
Contact made by employee on 7 th Day of absence	Yes <input type="checkbox"/>	No <input type="checkbox"/>	n/a <input type="checkbox"/>
Date:		Contact made by:	
Provide details of any update from employee: (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 employee intending to return to work on their next available workday?	Yes <input type="checkbox"/>	No <input type="checkbox"/> (Employee must be advised that a "fit note" is required to be submitted as absence will be more than 7 calendar days)	
Additional Contact Record	e.g. Dates/Updates from employee		