

EMPLOYEE'S STATEMENT OF SICKNESS

Name

Job Title

Please give brief details of your sickness

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What date did your sickness begin?

What date did your sickness end?

*(If you are sick for more than 7 continuous days,
please attach a medical certificate from your doctor)*

How many days were you absent
on days you would normally work?

(Please ensure that these are recorded on your timesheet)

COMPASSIONATE LEAVE ABSENCE

Please give brief details of absence

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What date did your absence begin?

What date did your absence end?

How many days were you absent
on days you would normally work?

(Please ensure that these are recorded on your timesheet)

Employee's signature Date

Supervisor's Signature Date

Please complete immediately on your return and pass to your supervisor.