

PAYTECH LIMITED

ABSENCE FORM

Full Name: _____

Department: _____

First day of absence: _____ Last day of absence: _____

Date of return to work: _____ Total time absent: _____ days _____ hours _____

Reason for absence: Sickness / Other reason

Please give details of the reason for your absence:

If absence has already taken place, did you obtain prior authorisation to be absent? **Yes/No**

If YES, please state who gave authorisation and on what date: _____

Complete the following if your absence was due to sickness. Details will be held in strict confidence.

When did you notify the Company of your sickness? _____

Whom did you notify? _____

Did you consult your doctor? **Yes/No**

Did you obtain a medical certificate? (Please attach where applicable) **Yes/No**

The following information is required to ensure the health, safety and welfare at work of yourself and other workers:

Are you taking any medication? **Yes/No**

If YES, please give details: _____

If YES, have you advised of any side effects that could affect your work or be a safety hazard? **Yes/No**

DECLARATION

I declare that all the information I have given in this form is true and that I have not withheld any material fact.

I understand these details will be held in confidence by the Company and may be used for the following purposes in compliance with the Data Protection Act 1998:

- ensuring the health, safety and welfare at work of myself and other workers;
- the avoidance of discrimination on the grounds of disability;
- maintaining SSP and SMP records;
- supplying information on accidents where industrial injury benefits may be payable; and
- ensuring the Company is able to monitor and deal fairly with attendance and absence issues.

SIGNATURE OF EMPLOYEE: _____ DATE: _____

FOR MANAGEMENT USE: ABSENCE AUTHORISED..... ABSENCE NOT AUTHORISED

Please note that by authorising the absence you are confirming that you are satisfied that the employee had a valid reason for being absent and that the employee has complied with all notification and certification procedures.

SIGNATURE OF MANAGER: _____ DATE: _____

Data Protection Act 1998

When completed, this form may contain Sensitive Personal Data as defined by the Data Protection Act 1998. It must be kept secure and confidential.