ELATT Absence Record Form

Note: Before completing this form, it is important that you read the completion instructions.
A FALSE SICKNESS DECLARATION CAN BE AN OFFENCE UNDER THE RELEVANT STATUTE

Name: ……………………………………….   Department …………………………………………

Periods of Absence

Last date in work: ……………………………   20………   Time of finishing work: …………………………   am/pm

Date of return to work: ………………………   20………   Time of starting work: …………………………   am/pm

Length of absence from work ………………………   Days ………………..   Hours

Reasons for Absence: (please tick)

Sickness ☐ Annual Leave ☐ Parental Leave ☐ Compassionate Leave ☐ Jury Service ☐

Medical Appointment ☐ Civic/Public Duties ☐ Court Attendance ☐ Religious Observance ☐

Absence Details (Reasons for sickness absence must be specific – reasons such as 'unwell' or 'personal' will not suffice)

………

If your absence was due to sickness or injury, please complete the remainder of the form.

DETAILS OF A PERIOD OF INCAPACITY FROM WORK DUE TO SICKNESS OR INJURY

1. Did your period of sickness commence during a weekend, rest day, holiday or any other non working
   day.   YES ☐   NO ☐

2. a) On what date did your sickness commence ……………………………………………………………………………

   b) On what date did your sickness end ………………………………………………………………………………

3. Were you confined to your home during your sickness?   YES ☐   NO ☐

4. Have you consulted a Doctor?   YES ☐   NO ☐

5. If Yes, please give: Doctor's Name: ……………………………………   Tel No: ………………………………….………..
                             Date and Time of Visit or Telephone call: ……………………………………………………………
                             Did you obtain a Sickness Certificate. (If YES please attach) YES ☐   NO ☐

6. If you did not consult a Doctor, please state reason:
………

7. Have you within the previous period of 56 days been incapacitated by sickness for 4 or more calendar
   days (include weekends and holidays)
   YES ☐   NO ☐   if YES provide date: From ……………………………….   To …………………………….…
   Length of incapacity ………………………….. days

8. Are you currently taking or undergoing any form of medication
   YES ☐   NO ☐   (i.e. tablets, medicine etc) resulting from this sickness

9. If YES, have you been informed that it is likely to affect your performance at work or be a safety
   hazard?
   YES ☐   NO ☐   If YES please specify below:
   ………
   _____

Signed: …………………………………………..   Date: …………………………………………..……….
(Employee)

Signed: …………………………………………..   Date: …………………………………………..……….
(Line Manager)