**ABSENCE REPORTING FORM - CONFIDENTIAL**

(To be held on individual’s personal file)

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| **This form is to be completed in all instances.**  Notifythe person in charge of the ward/department of the absence if the call is taken by a bleepholder outside of the area. This form must be sent to the relevant line manager/nominated deputy. **The line manager is to ensure that all absence reported is recorded accurately on the individual’s sickness absence record.**  ***All matters relating to the health status of an employee must be dealt with in strict confidence.*** |

**ASK THE EMPLOYEE:**

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| **Date and time of call:** | **Name of the caller:** |
| **Name of employee:** | **Area of work:** |
| **Line Manager:** | **Start time of duty:** |
| **Reason for absence:** | |
| **How long is the employee expected to be absent for:** | |
| **Agreed next date of contact:** | |
| **Is an immediate referral to Occupational Health needed? (please circle) YES NO** | |
| **Is the absence due to a work place injury? (please circle) YES NO** | |
| **Is the absence due to a road traffic accident? (please circle) YES NO** | |

**Form completed by: ………………………………………………………………**

**Job title: …………………………………………………………………………….**