**Short Term Sickness Absence Checklist**

Staff members name:

Department:

Line manager:

|  |  |  |  |
| --- | --- | --- | --- |
| **Action**  | **By whom**  | **Date actioned** | **Comments**  |
| Self Certificate completed*Retain on personnel file* |  |  |  |
| Record all communication during absence,*Retain on personal file (including e-mail correspondence)* |  |  |  |
| Welcome back to work discussion form completed *Retain on personal file* |  |  |  |
| Update Health Roster accordingly with start and end date of absence including welcome back to work discussion date |  |  |  |
| Referral to Occupational Health discussed with employee and form sent if required. |  |  |  |
| Has the absence breached Trust target in rolling 12 months:9 days or 4 episodes(Pro rata for part time staff)Refer to flow chart for short term absence procedure on how to proceed. |  |  |  |
| If a sickness review meeting is being held, refer to appropriate invite letters and outcome letters on oneHR.*Ensure copies of letters are retained on personal files.* |  |  |  |
| Engage Human Resources if required. |  |  |  |