NOTIFICATION OF ABSENCE THROUGH ILLNESS OR MEDICAL APPOINTMENT

Sickness absence

To be completed on the first day of absence by the person who received the information.

Name (BLOCK CAPS):_____________________________________________

Reported sick on (date):________________

Signed: _____________________________

On return to work form CHRIS/62 must be completed and returned to the Principal Technician. Absences of more than 7 days require a Doctors fit Note (formally Sick Note).

Medical Appointment

Name (BLOCK CAPS):_____________________________________________

will be attending a medical appointment on

Date: _________________ Time: __________

Signed: _____________________________

CHRIS/62 forms are available from outside accounts or online

Please put this form in the Principal technician’s pigeon hole