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 GP, Dentist, Hospital* appointment on (*Delete as necessary)

Date: ________________ Time: __________

Signed: _____________________________

CHRIS/62 forms are available from outside accounts or online

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

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