



Amanda.
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AS

ABSENCE FORM

The form should be completed immediately on returning to work.

Surname BINKS Forenames AMANDA
(Mr/Mrs/Ms/Miss)

I declare that I was unable to work

From: Date 5/2/18 Time left office _____

Date returned to work 6/2/18

Because of the following:
(please tick box)

. Sickness (give details) VOMITING

. Medical Appointment (give details) _____

. Other (give details) _____

Supporting Documents:

- Self Certification form – Attached
- Drs Note – Attached
- Appointment card / letter – Attached

I understand that if I provide false information on this form it will be regarded as serious misconduct that will result in disciplinary action and may result in dismissal.

Signed (employee) [Signature] Date 12/2/18

Counter signed _____ Date _____

Line Manager- Print Name _____

*Please pay / SSP / TBAL / please DO NOT pay (state reason) _____

* Delete as necessary