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|  **Review Sheet** |
| Last Reviewed Last Amended Next Planned Review in 12 months, or17 Dec '20 17 Dec '20 sooner as required. |
| Business impact |  These changes require action as soon as possible.**HIGH IMPACT** |
| Reason for this review | Scheduled review |
| Were changes made? | Yes |
| Summary: | Policy reviewed in response to the government announcement that the self-isolation period has changed from 14 to 10 days for the general public. This also applies when travelling into the UK and quarantining. References also checked to ensure they remain current.**Guidance for social care on isolation is different** and is subject to change and current guidance must be followed |
| Relevant legislation: | * Control of Substances Hazardous to Health Regulations 1998
* Employment Relations Act 1999
* Coronavirus Act 2020
* Statutory Sick Pay (General) (Coronavirus Amendment) Regulations 2020
* Protection from Harassment Act 1997
* Social Security Administration Act 1992
* Statutory Sick Pay (Medical Evidence) Regulations 1985
* Employment Rights Act 1996
* Equality Act 2010
* General Data Protection Regulation 2016
* Data Protection Act 2018
 |
| Underpinning knowledge - What have we used to ensure that the policy is current: | * Author: NHS Employers, (2017), *Guidelines on prevention and management of sickness absence*. [Online] Available from: [https://www.nhsemployers.org/case-studies- and-resources/2017/04/guidelines-on-prevention-and-management-of-sickness- absence](https://www.nhsemployers.org/case-studies-and-resources/2017/04/guidelines-on-prevention-and-management-of-sickness-absence) [Accessed: 14/12/2020]
* Author: ACAS, (2016), *Absence from work*. [Online] Available from: <https://www.acas.org.uk/index.aspx?articleid=4199>[Accessed: 14/12/2020]
* Author: ACAS, (2020), *Coronavirus (COVID-19): advice for employers and employees*. [Online] Available from: <https://www.acas.org.uk/coronavirus>[Accessed: 14/9/2020]
* Author: NHS, (2020), *Coronavirus (COVID-19)*. [Online] Available from: <https://www.nhs.uk/conditions/coronavirus-covid-19/>[Accessed: 14/12/2020]
 |
| Suggested action: | * Establish process to confirm the understanding of relevant staff
* Establish training sessions for staff
* Widely distribute the ‘Key Facts’ of the policy
* Share content of the policy with all staff
 |
| Equality Impact Assessment: | This statement is a written record that demonstrates that we have shown due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations with respect to the characteristics protected by equality law. |

**1. Purpose**

* 1. To ensure that Holbeach & East Elloe Hospital Trust takes a fair and consistent approach to sickness absence and absence management while safeguarding Service Users' health and wellbeing.
	2. To take account of the current changing position of sickness absence when related to COVID-19.
	3. To support Holbeach & East Elloe Hospital Trust in meeting the following Key Lines of Enquiry:

## Key Question Key Lines of Enquiry

|  |  |
| --- | --- |
| SAFE | S3: How does the service make sure that there are sufficient numbers of suitable staff to support people to stay safe and meet their needs? |
| SAFE | S5: How well are people protected by the prevention and control of infection? |
| WELL-LED | W2: Does the governance framework ensure that responsibilities are clear and that quality performance, risks and regulatory requirements are understood and managed? |

* 1. To meet the legal requirements of the regulated activities that {Holbeach & East Elloe Hospital Trust} is registered to provide:
		+ Control of Substances Hazardous to Health Regulations 1998
		+ Employment Relations Act 1999
		+ Coronavirus Act 2020
		+ Statutory Sick Pay (General) (Coronavirus Amendment) Regulations 2020
		+ Protection from Harassment Act 1997
		+ Social Security Administration Act 1992
		+ Statutory Sick Pay (Medical Evidence) Regulations 1985
		+ Employment Rights Act 1996
		+ Equality Act 2010
		+ General Data Protection Regulation 2016
		+ Data Protection Act 2018

**2. Scope**

* 1. The following roles may be affected by this policy:
		+ All staff
	2. The following Service Users may be affected by this policy:
		+ Service Users
	3. The following stakeholders may be affected by this policy:
		+ Family
		+ Commissioners
		+ External health professionals
		+ Local Authority

**3. Objectives**

* 1. To ensure that all members of staff are aware of their obligations to report sickness absence in accordance with sickness absence reporting procedures and take a responsible attitude towards attending work regularly and reliably.
	2. To ensure that Holbeach & East Elloe Hospital Trust understands the reasons for sickness absence and fairly investigates them where necessary.

**4. Policy**

* 1. All members of staff will follow the internal procedures for reporting sickness absence and Holbeach & East Elloe Hospital Trust will manage sickness absence in a fair and consistent way.
	2. Sickness absence can vary from short intermittent periods of ill-health to a continuous period of long- term absence and have a number of different causes. Holbeach & East Elloe Hospital Trust will ensure that the reasons for sickness absences are understood in each case and investigated where necessary. In addition, where needed and reasonably practicable, measures will be taken to assist those who have been absent by reason of sickness to return to work.
	3. Any data collected as part of this policy will be processed in accordance with current data protection legislation, the Privacy Notice issued to staff and the Data Security and Data Retention Policy and Procedure. Holbeach & East Elloe Hospital Trust appreciates that certain health data and medical reports will be Special Category Data and Holbeach & East Elloe Hospital Trust will process this data accordingly.
	4. This policy should be read in conjunction with the Capability Policy and Procedure and the Absenteeism Policy and Procedure.
	5. This policy does not form part of an employee's contract of employment and may be amended at any time.

**5. Procedure**

## 5.1Holbeach & East Elloe Hospital Trust Absence Management

If you are away from work due to sickness or an accident or believe you may be suffering from an infectious or contagious disease or illness you must conform to the following procedure:

* + - You must telephone your manager at the earliest opportunity giving the reason for the absence and the date that you expect to return to work. You are expected to telephone personally and not to pass a message through a third party. However, if you are unable to telephone personally due to the circumstances of your illness (i.e. loss of voice), you may ask a relative or friend to telephone for you. Text or email is not acceptable.
		- If you have reported the possibility of an infectious or contagious disease or illness, you must obtain clearance from your Manager before attending work. The safety of the Service Users is paramount.
		- If you return to work after no more than seven calendar days of absence, you must complete a self- certification form.
		- If your absence lasts for longer than seven calendar days, you must forward medical certificates covering all days of absence at weekly intervals, in addition to the self-certification form
		- If your absence extends longer than originally anticipated, you must contact your manager to advise them of the situation, unless your absence is covered by a medical certificate. If your absence becomes prolonged, you must keep in regular contact with your manager, advising on your progress and when you are likely to return to work. If you do not contact your manager, you should expect to be contacted during your absence by your manager who will want to enquire about your health and be advised, if possible, as to your expected return date. For prolonged absences, whatever the length, you must complete a Return to Work Questionnaire on the day of return, submit it to your line manager and attend a face to face interview to discuss the questionnaire contents
		- Managers should ensure that any sickness absence that is notified to them is recorded and arrangements are made, where necessary, to cover work and to inform colleagues and Service Users (while maintaining confidentiality)
		- Failure to report sickness or follow local procedures will be dealt with under the Discipline Policy and Procedure

## 5.2Statutory Sickness Pay

* + - Proving that you meet the criteria, you may be entitled to Statutory Sick Pay (SSP)
		- The rate of SSP is set by the Government in April in each year. No SSP is payable during Waiting Days and SSP will start on the fourth day of absence and may be payable for up to 28 weeks. The Qualifying Days for SSP purposes are your normal working days, or as set out in your contract of employment. SSP is treated like wages and is subject to normal deductions. If you are not eligible for SSP or if your SSP entitlement is coming to an end, we will give you a form SSP1 telling you the reasons
		- Where a second or subsequent period of incapacity (of four days or more) occurs within 56 days of a previous period of incapacity, waiting days are not served again
		- Where the circumstances of your incapacity are such that you receive, or are awarded, any sum by way of compensation or damages with respect to the incapacity from a third party, then any payments which we may have made to you because of the absence (including SSP) shall be repaid by you to us, up to an amount not exceeding the amount of the compensation or damages paid by the third party

## 5.3Sickness Absence and Performance

* + - Due to the nature of many of the jobs and staffing levels, high levels of absenteeism or repeated spells of sickness/absence can cause considerable disruption. Both short-term/spasmodic and long-term sickness absence cause disruption to the services we provide and incur additional costs. They also

place an undue burden upon other team members. Therefore, if your attendance record is significantly worse than those of comparable employees, or where it creates a particular operational difficulty, or it has gone on for a considerable length of time, your manager will investigate and arrange a meeting to discuss the situation further with you for example:

* episodes of short-term sickness of any length in any rolling 12 month period or
* 2 episodes of sickness which when combined total more than four weeks in any rolling 12 month rolling period or

Recognisable patterns of absence such as

* Regularly absent on the same day every week
* Regularly off sick on a bank Holiday
* Regularly off over the Christmas period or school holidays
* Regularly goes home sick mid shift
* Regularly off sick during or after major sporting or other social events.
	+ - You may be given a 'Return to Work' Questionnaire' form to complete prior to the meeting
		- Dependent upon the outcome of this meeting, it may be appropriate to refer you for counselling, take disciplinary action, or indeed, take no action at all
		- Issues of capability arising from poor levels and/or patterns of absence are distinct from medical capability issues involving long-term health problems or disability. The former is dealt with under the Capability Policy and Procedure and the latter under this policy

## 5.4 Returning to Work

* + - You should notify your manager as soon as you know on which day you will be returning to work, if this differs from a date of return previously notified
		- If you have an infectious or contagious disease or illness such as rubella or hepatitis, you must not report for work without clearance from your own doctor. Separate rules relating to infectious diseases and food handlers are to be found later in this policy and you must familiarise yourself with them
		- On your return to work after any period of sickness/injury absence (including absence covered by a medical certificate), you are also required to complete a self-certification absence form and hand this to your manager
		- After a period of sick leave your manager may hold a return-to-work interview with you. The purposes may include:
			* Ensuring that you are fit for work and agreeing any actions necessary to facilitate your return
			* Confirming you have submitted the necessary certificates
			* Updating you on anything that may have happened during your absence; and/or
			* Raising any other concerns regarding your absence record or your return to work

## 5.5 Intermittent Absence

* + - Where your level or frequency of short-term absence has given Holbeach & East Elloe Hospital Trust a cause for concern, the absence will be investigated to identify the reasons for your absence, whether it is likely to continue or recur, and whether there are any measures that could improve your health and/or attendance
		- Where the absences are due to an underlying health condition, a medical examination may be requested. The examination may be carried out by your own GP. Their objective is to provide us with sufficient information to more effectively balance your needs with that of Holbeach & East Elloe Hospital Trust, or to make a decision regarding your continuing employment. You will be asked to agree that any report produced in connection with any such examination may be disclosed to us and that we may discuss the content of the report with our legal advisers.
		- Where the absences are unexplained, they will be dealt with in accordance with the disciplinary procedure, as appropriate
		- Irrespective of the cause of the intermittent absences, you will be warned of the consequences of further failure to meet attendance targets at each stage of the procedure. If the procedure is exhausted without sufficient improvement in your level of attendance, your employment may be terminated on due notice on capability or conduct grounds.
		- You may appeal against the decision to dismiss by writing to Holbeach & East Elloe Hospital Trust and providing reasons for your appeal. This appeal must be made within five working days of receiving notice of the dismissal.

## Long-Term Absence

Should you, unfortunately, become disabled or suffer from a long-term health condition during employment, Holbeach & East Elloe Hospital Trust will make every effort to help you remain in employment. Your manager will try and balance the needs of the business with supporting you. In the event that the length of your absence causes service delivery problems, which requires either your return or replacement, your manager will determine what action is to be taken.

* + - Action may include a personal interview with you, or a request to provide a medical report from your GP. The examination will determine your fitness to resume your normal role. Once sufficient medical advice is available, a further meeting with you will usually be arranged to discuss it. Your consent to a medical report will be sought in accordance with current data protection legislation.
		- All alternative employment options,part-time working, reasonable adjustments to work premises, practices or equipment will be fully examined by us and may be discussed with you. You may be suspended from work on full pay, remain on sick pay or be transferred onto maternity leave (where the absence is a pregnancy-related sickness and occurs within the four weeks prior to the expected date of birth). Absence due to pregnancy will be dealt with due regard to your statutory maternity rights.
		- If it is advised by the doctor that you are fit to return to work, we will cease to pay sick pay and you will be expected to be at work on your next scheduled shift.
		- You will accrue holiday entitlement during long-term sickness absence and you are permitted to take all or some of your accrued holiday during a period of absence.

## Medical or Dental Appointments

* Holbeach & East Elloe Hospital Trust appreciates that sometimes it may be necessary for employees to attend medical appointments during working hours. As far as possible, employees will ensure that these appointments are scheduled at the beginning or end of the working day. Holbeach & East Elloe Hospital Trust reserves the right to require employees to reschedule their appointments for operational reasons. Employees may be expected to make up any time they have missed for such appointments.
* Holbeach & East Elloe Hospital Trust reserves the right to require employees to provide evidence by way of an appointment card or similar to confirm the date and time of the appointment. Any failure to provide evidence when requested may be dealt with under the Discipline Policy and Procedure.
* This policy does not apply to employees who are attending ante-natal appointments. These details are contained in the Maternity Leave Policy and Procedure.

**6. Definitions**

## SSP Statutory Sick Pay

## Special Category Data

* + - Special Category Data is a category of data which is more sensitive than normal personal data. This includes data which relates to:
			* Race and ethnic origin
			* Political opinions
			* Religious or philosophical beliefs
			* Trade union membership
			* Genetics
			* Biometrics (where used for ID purposes)
			* Health
			* Sex life and sexual orientation

## Long-Term Absence

* + - An absence lasting or likely to last for more than four weeks
		- Such absence might be as a result of a particularly bad illness or may be caused by an ongoing disability

## Short-Term Absence

* + - Short-term absence is anything from one day, up to and including four weeks
		- Short-term absence is not normally caused by any underlying health condition and instead usually relates to a period of illness caused by a virus or infection which clears up after a short period of time and causes no ongoing health conditions

## Qualifying Day

* + - Days in which SSP will be paid

## Waiting Days

* + - No SSP is payable for the first three consecutive days of absence

**Key Facts - Professionals**

Professionals providing this service should be aware of the following:

* + - Failure of a staff member to follow the sickness reporting procedure means that their absence will be unauthorised and they may be subject to disciplinary action
		- This policy should be read in conjunction with the Capability Policy and Procedure.
		- Staff who are absent for less than 7 days are entitled to self-certify their absence
		- Staff who are absent for more than 7 days are required to provide medical evidence of their sickness by way of a Fit Note
		- Employers are under an obligation to make reasonable adjustments for those staff members who are disabled

**Key Facts - People affected by the service**

People affected by this service should be aware of the following:

* + - Holbeach & East Elloe Hospital Trust will ensure that it has adequate staff available to serve your needs. Holbeach & East Elloe Hospital Trust will, therefore, ensure that steps are taken to address sickness absence where necessary, in order to provide continuity and consistency of care
		- Staff will take care to report infectious diseases and ensure that they obtain clearance from their GP or Manager that they are no longer infectious before attending work in order to protect your health and safety.

**Further Reading**

As well as the information in the 'underpinning knowledge' section of the review sheet we recommend that you add to your understanding in this policy area by considering the following materials:

## NHS Employers - Action on Sickness Absence:

[https://www.nhsemployers.org/retention-and-staff-experience/health-and-wellbeing/action-on-sickness-](https://www.nhsemployers.org/retention-and-staff-experience/health-and-wellbeing/action-on-sickness-absence) [absence](https://www.nhsemployers.org/retention-and-staff-experience/health-and-wellbeing/action-on-sickness-absence)

**The Guardian - Six steps to improving mental wellbeing at work:** <https://www.theguardian.com/careers/2017/oct/11/six-steps-to-improving-mental-wellbeing-work>

## GOV.UK - Statutory Sick Pay:

<https://www.gov.uk/statutory-sick-pay>

## GOV.UK - Coronavirus (COVID-19): travel corridors:

[https://www.gov.uk/guidance/coronavirus-covid-19-travel-corridors##countries-and-territories-with-no-self-](https://www.gov.uk/guidance/coronavirus-covid-19-travel-corridors#%23countries-and-territories-with-no-self-isolation-on-arrival-in-england) [isolation-on-arrival-in-england](https://www.gov.uk/guidance/coronavirus-covid-19-travel-corridors#%23countries-and-territories-with-no-self-isolation-on-arrival-in-england)

## Policies:

* + - Capability Policy and Procedure
		- Equality and Diversity Policy and Procedure

**Outstanding Practice**

To be ‘ outstanding ’ in this policy area you could provide evidence that:

* + - Staff take appropriate steps to report their sickness absence in order that Holbeach & East Elloe Hospital Trust can ensure that Service Users are protected
		- Holbeach & East Elloe Hospital Trust carries out Return to Work Interviews with all staff who have been absent from work through sickness without fail and regardless of the length of sickness absence and these are appropriately recorded
		- Holbeach & East Elloe Hospital Trust takes a careful approach to sickness absence and, if there is any concern about a potential disability, seeks medical advice

**Forms**

The following forms are included as part of this policy:

|  |  |  |
| --- | --- | --- |
| **Title of form** | **When would the form be used?** | **Created by** |
| Sickness Absence Self- Certification - PA07 | To be used for sickness absence. | QCS |
| Return to Work Questionnaire - PA07 | Upon returning to work after an absence. | QCS |
| Stress Related Return to Work Questionnaire - PA07 | Upon returning to work from a stress related absence. | QCS - Derived from the Health and Safety Executive. |
| Absence Form - PA07 | To record absence, NOT to be used for sickness absence. | QCS |
| Coronavirus Self-Certification Form - PA07 | To record self-isolation information. | QCS |

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| **This form is to be used only for sickness absence** |
| **Name:** |  |
| **Period From:** | **Day** | **Month** | **Year** | **Period To:** | **Day** | **Month** | **Year** |
|  |  |  |  |  |  |
| Note: To cover a maximum of seven days; periods longer than seven days must be supported by a doctor’s Fit Note.\*State the actual date, even if it was not a workday for you. |
| **Reasons for absence:** |
|  |
| **Manager’s comments on linkage to past sickness absences, and any advice given on the avoidance of future absence:** |
|  |
| **Employee’s Signature:** |  |
| **Date:** |  |
| **Authorisation for payment of Statutory Sick Pay:** |  |
| **With pay, according to entitlement:** |  |
| **Without pay:** |  |
| **Manager’s Signature:** |  |
| **Date:** |  |

|  |  |
| --- | --- |
| **Employee Name:** |  |
| **Period From:** | **Day** | **Month** | **Year** | **Period To:** | **Day** | **Month** | **Year** |
|  |  |  |  |  |  |
| Number of days' sickness in past 12 months: |  |
| Number of days' authorised absence in past 12 months: |  |
| Number of days' unauthorised absence in past 12 months |  |
| What was the reason for your absence? |  |
| **If sickness:** |
| Did you visit a doctor or hospital? | Details if 'yes'. Reason if 'no'. |
| Did you receive any medication as a result? | Details: |
| Is this a recurrence of a previous illness? | Details: |
| Do you believe that the illness is likely to re-occur? |  |

|  |  |
| --- | --- |
| Are you aware that over the last 12 months you have been absent for the number of days shown on the previous page? |  |
| Do you believe that the reason for your absence is having, or will have, any effect on your capacity to carry out your job in the future? |  |
| Are there steps you might take to improve your attendance? | Details: |
| Are there steps that we might take that would improve your attendance? | Details: |
| Supervisor or manager’s comments: |  |
| **I understand that if I provide false or inaccurate information about my absence or sickness from work it may, depending on the circumstances, be treated as Gross Misconduct and result in my summary dismissal from this****employment.** |
| **Signed: (employee)** |  |
| **Date:** |  |
| **Signed: (interviewer)** |  |
| **Date:** |  |

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| Derived from the Health and Safety Executive. |
| **Cause of Stress** | **Question** | **Was it a problem for you? Use this space to detail the problems.** | **What can be done about it?****Can we make any****adjustments?** |
| **Demands:** | Did/do different people at work demand things from you that were/are hard to combine? |  |  |
| Did/do you have deadlines that you feel are unachievable? |  |  |
| Did/do you feel you have to work very intensively? |  |  |
| Did/do you feel you have to neglect some tasks because you had/have too much to do? |  |  |
| Have you/are you unable to take breaks that you feel are sufficient? |  |  |
| Did/do you feel pressured to work long hours? |  |  |
| Did/do you feel you had/have to work too fast? |  |  |
| Did you/do you feel you have unrealistic time pressures? |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Cause of Stress** | **Question** | **Was it a problem for you? Use this space to detail the problems.** | **What can be done about it?****Can we make any****adjustments?** |
| **Control:** | Did you/do you feel you can decide when to take a break? |  |  |
| Did/do you feel you had/have a say in your work speed? |  |  |
| Did/do you feel you had/have a choice in deciding how you did/do your work? |  |  |
| Did/do you feel you had a choice in deciding what you did/do at work? |  |  |
| Did/do you feel you have some say over the way you do your work? |  |  |
| Did/do you feel your time could be flexible? |  |  |

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| --- | --- | --- | --- |
| **Cause of Stress** | **Question** | **Was it a problem for you? Use this space to detail the problems.** | **What can be done about it?****Can we make any****adjustments?** |
| **Support (Manager):** | Did/does your manager give you enough supportive feedback on the work you did? |  |  |
| Did/do you feel you could rely on your manager to help you with a work problem? |  |  |
| Did/do you feel you could talk to your manager about something that has upset or annoyed you at work? |  |  |
| Did/do you feel your manager has supported you through any emotionally demanding work? |  |  |
| Did/do you feel your manager has encouraged you enough at work? |  |  |

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| --- | --- | --- | --- |
| **Cause of Stress** | **Question** | **Was it a problem for you?****Use this space to detail****the problems.** | **What can be done about it?****Can we make any****adjustments?** |
| **Colleagues**: | Did/do you feel your colleagues would help you if work became difficult? |  |  |
| Did/do you get the help and support you needed from your colleagues? |  |  |
| Did/do you get the respect at work you deserve from your colleagues? |  |  |
| Were/are your colleagues willing to listen to your work-related problems |  |  |
| **Relationships**: | Were/are you personally harassed, in the form of unkind words or behaviour? |  |  |
| Did/do you feel there was/is friction or anger between colleagues? |  |  |
| Were/are you bullied at work? |  |  |
| Were/are relationships strained at work? |  |  |

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| --- | --- | --- | --- |
| **Cause of Stress** | **Question** | **Was it a problem for you? Use this space to detail the problems.** | **What can be done about it?****Can we make any****adjustments?** |
| **Role**: | Were/are you clear about what was/is expected of you at work? |  |  |
| Did/do you know how to go about getting your job done? |  |  |
| Were/are you clear about what your duties and responsibilities were/are? |  |  |
| Were/are you clear about the goals and objectives for this department? |  |  |
| Did/do you understand how your work fits into the overall aim of the organisation? |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Cause of Stress** | **Question** | **Was it a problem for you? Use this space to detail the problems.** | **What can be done about it?****Can we make any****adjustments?** |
| **Change**: | Did/do you have enough opportunities to question managers about change at work? |  |  |
| Did/do you feel consulted about change at work? |  |  |
| When changes were/are made at work, were/are you clear about how they would work out in practice? |  |  |
| **Other issues**: | Is there anything else that was a source of stress for you, at work or at home, that may have contributed to you going off work with work-related stress? |  |  |
| **Factors Outside Work**This list of questions on return to work has mainly focused on factors at work. However, there may be factors outside work, for example, in your family life, which may have contributed to or added to the pressures at work. These may have made it harder to cope with demands at work that you would normally be able to cope with.You may want to share these issues with your manager – they may be able to help at work and make adjustments, for example, being more flexible with working hours or just being sympathetic to the pressures you are under.If you do not feel happy telling your manager about these things, is there anyone else you can turn to, for example, an administrator or another department manager/supervisor? You may also like to look at the links at [https://www.hse.gov.uk/stress/](http://www.hse.gov.uk/stress/) on the HSE website. |

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| **Not to be used for sickness absence** |
| **Name:** |  |
| **Period From:** | **Day** | **Month** | **Year** | **Period To:** | **Day** | **Month** | **Year** |
|  |  |  |  |  |  |
| **Date and time Holbeach & East Elloe Hospital Trust were notified of the absence:** |
|  |
| **Reason for absence:** |
|  |
| **Manager’s comments on linkage to past absences, and what action is agreed on to avoid future absence:** |
|  |
| **Employee’s Signature:** |  |
| **Date:** |  |
| **Manager’s Signature:** |  |
| **Date:** |  |

# SELF CERTIFICATE FOR SELF ISOLATION FOR COVID-19

This form is to record self-isolation information. It must be completed on day one of absence from work and managers must send the completed form to the employee for signature where this cannot be obtained. Please ensure that the employee responds in writing to agree the content below:

To be completed by person who has taken the absence message.

**Name:**

**Department:**

**Absence dates (inclusive):**

**First Date of Absence**

From: ………………..……….

If you attended work on the first day of symptoms, please indicate your leaving time: am / pm\*

**Details of Symptoms**

Symptoms of COVID-19: Do you or someone in your household have either of the following: **Yes/No**

* A high temperature or fever?
* A new continuous cough?

•

A loss or change in sense of smell or taste?

**Advice to the employee during this period:** As this is changing daily, it is recommended that you visit:

[https://www.nhs.uk/conditions/coronavirus-covid-19](http://www.nhs.uk/conditions/coronavirus-covid-19) for further instruction if you or someone in your household has symptoms.

Signed by (Employee):

Date:

………………………………………………………

……………………………….

|  |  |
| --- | --- |
| **Last Date of Absence (to be updated upon return to work)** | **No of Days** |
| To: ……………………………….. |  |

**Once completed, please send this form to the Human Resources Department**

Under compliance with the Data Protection Act 2018, the Company treats all personal data collected from this form in accordance with its Data Protection Policy on processing special categories of Personal Data. Information on how your data is used and the basis for processing your data is provided in the Company’s Privacy Notice.

***By signing this document, you are confirming the details within are true and accurate and you will adhere to the NHS guidance as detailed on its website. If the business has cause to believe that you have falsified your reasons for absence, this may be investigated under the disciplinary procedure where formal action may be taken if deemed appropriate.***

**To be completed upon return to work:**

**Signed by Employee:** ………………………….

**Date returned:** ……………………………..

**Signed by Employer:** …………………………..