



Notification of Absence – Sick leave

This form is to be completed by an employee who is absent from work due to illness or injury. If the absence exceeds two days, a medical certificate must be provided to HR. Please attach to this form.

Name of Employee	
Position & Department	
Line Manager	
Employment Start Date	
Reason for Absence	

Part 1 to be completed by the employee on their return to work

Reported Sick	Day 1:	Day 2:	
Returned to Work Date		My Total Absence (Days)	
Employee Signature			

**Remember to attach your medical certificate for an absence which exceeds 2 days*

Part 2 to be completed by the Manager

I confirm that the above employee telephoned me on:			
Were HR Advised	*Mark an X	Yes:	No:
Manager Name:			
Managers Title:			
Managers Signature:			
Human Resources Signature & Date			

Note: If your absence exceeds 6 consecutive days please be advised that you must apply for Social Welfare Illness Benefit to the Department of Social Welfare from your 7th day of illness onwards. The application form and inter-certs can be obtained from your G.P. Please ensure to use your personal bank account details when completing the form. When you receive your confirmation letter from the Department of Social Welfare please forward a copy to the HR Department.