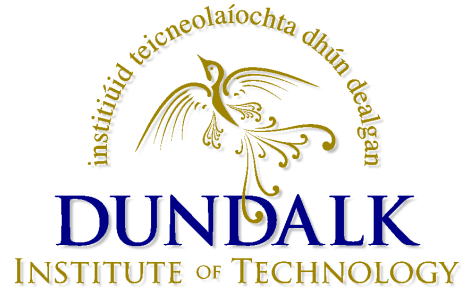


Notification of Sick Leave Absence

(Note that this form must be completed in full by all members of staff for each period of absence on sick leave, please indicate the type of sick leave being applied for.)



Uncertified Sick Leave

Certified Sick Leave

Name _____

Payroll Number _____

School/Department/Function/Centre _____

I work fulltime / I am work sharing (*circle as appropriate*)

If you are work sharing, please state your percentage attendance (i.e. 50%, 60%) _____

I was absent on Sick Leave on the following date(s):

(*please state clearly the dates on which you were absent*) _____

I resumed duty on: Mon/Tue/Wed/Thurs/Fri (*circle as appropriate*) Date: _____

Nature of illness: _____

or

I have informed the Human Resources Office (confidentially) directly of the nature of the illness

Where more than 2 consecutive working days

I enclose a doctor's certificate / I have sent a doctor's certificate directly to the Human Resources Office (*circle as appropriate*).

For staff who are on Class A PRSI

I enclose a copy of Social Welfare Certificate for Incapacity for Work Form, authorised by my doctor / I have sent the original copy and LB1 Form (Illness Benefit Claim Form) authorised by my doctor directly to Social Welfare Service, PO Box 1650, Dublin 1. (*circle as appropriate*).

Signed: _____

Dated: _____

Name of Head School/Department/Function/Centre _____

Head of School/Department/Function/Centre's signature _____

Dated: _____