

**EMPLOYEE SICKNESS ABSENCE MONITORING RECORD**

<b>FIRST NAME:</b>			<b>Date of Review</b>
<b>LAST NAME:</b>		<b>Date of Meeting</b>	
<b>DEPT./WARD:</b>	<b>Initial Discussion</b>		
	<b>1<sup>st</sup> Formal Interview</b>		
	<b>2<sup>nd</sup> Formal Interview</b>		
	<b>3<sup>rd</sup> /Final Formal Interview</b>		
<b>JOB TITLE:</b>			
<b>START DATE:</b>			
<b>HOURS OF WORK/SHIFT LENGTH</b>			

From Day & Date	To days	Total No. of absent/sick	Date Self Cert/ Fit Note Received	Reason for Absence	Mgrs Initials	Date of RTW Interview	Additional Comments (Rational if discretion applied)

