

## **ABSENCE FROM WORK RULES**

1. You must contact DIAGNOSTIC HEALTH SOLUTIONS (Free phone 0800 195 0956) immediately when you become ill, regardless of when you are due to start work. The telephone lines will be open 24 hours a day, 7 days a week. All calls will be treated with confidentiality. In any instance calls must be made by 10.00am on the FIRST DAY of absence and you should state your name, payroll reference number, nature of illness and expected date of return to work. You must not leave a message on an answer service. Shift workers should make contact as soon as is practicable before the normal commencement time of their shift. The call will be answered by a qualified nurse who can offer you medical advice.
2. In most service areas it will be necessary for you to speak to your Line Manager in addition to contacting Diagnostic Health Solutions. You may need to do this in order to discuss the arrangements that need to be made in your absence e.g. rearranging appointments or operational issues. Notification is your responsibility and you should make contact personally. If, due to exceptional circumstances, this is not possible, your Manager may accept notification from another person.
3. You must also contact your designated Supervisor/Manager on the **second day** of your absence if you have not returned to work. Continued absence must be supported by contact on a minimum of a weekly basis thereafter with your designated Supervisor/Manager and the submission of an E.S.D.F. form and or sick note by the due date
4. The Employee Sickness Declaration Form must be fully completed, signed by YOURSELF and submitted to Payments Services, 17 Claypath to arrive by the FOURTH DAY of absence or upon your return to work, whichever is the soonest. Failure to do so could result in loss of pay.
5. Absences exceeding SEVEN calendar days must be supported by a Doctors' statement and submitted to 17 Claypath by the EIGHTH day of absence. Continued absence must always be supported by Doctors statements to arrive on the day following expiry of the previous statement.
6. In order to manage sickness absence your Manager may contact you during your period of sickness absence. You also have a responsibility to communicate with him on a regular basis, keep him informed of your progress and notify him when you expect to return to work.
7. If you fall ill whilst on annual leave you must inform your Manager immediately and obtain Doctors statements to cover any period you wish to be classed as sickness absence.
8. If you go away on holiday or for a period of convalescence during any period of sickness absence you must consult with your Manager. Your Manager may request a letter from your Doctor confirming this arrangement.
9. You must co-operate with the Councils' Sickness procedures and attend sickness counselling sessions, Occupational Health appointments (where applicable) and comply with Health and Safety obligations.
10. You will receive a 'return to work' interview when you resume duties following any period of sickness absence. You will also be counselled if you hit the three trigger points.
11. Correspondence from the DSS in relation to the sickness absence must be forwarded to the Head of Human Resources as soon as possible.
12. A copy of the Sickness Absence Procedure is available from the Head of Human Resources and your Line Manager.

**FAILURE TO COMPLY WITH THE SICKNESS PROCEDURES AND MAKING FRAUDULENT CLAIMS OF SICKNESS ABSENCE ARE SERIOUS DISCIPLINARY OFFENCES. OFFENDERS ARE LIABLE TO LOSS OF EARNINGS AND DISCIPLINARY PROCEEDINGS.**

**CITY OF DURHAM**

**EMPLOYEE SICKNESS DECLARATION FORM**

**PERSONAL DETAILS**

Surname ..... Forenames: .....

Address: .....

Payroll Number: ..... Section: .....

**ABSENCE DETAILS**

Date you became unfit for work .....

Did you leave work due to sickness/accident YES/NO Time: .....

When was your first full day of absence .....

When were you fit to resume work .....

What date did you resume work .....

**REASON FOR ABSENCE (Please tick appropriate box)**

Sickness

Unfit for work due to an accident at work

Details of nature of absence :-

You must include the reasons for your absence. Confidential information may be sent directly to the Principal Payments Officer in a sealed envelope.

**DSS BENEFIT**

If you do not qualify for Statutory Sick Pay, you will receive a form to enable you to apply for DSS benefits. You must advise the Principal Payments Officer of any amount receivable from the DSS.

**MEDICAL PRACTITIONER**

Name: .....

Address: .....

**DECLARATION**

I have read the conditions overleaf and understood my obligations as an employee. I understand that to give false or misleading information can result in disciplinary proceedings which may lead to dismissal.

I declare that the information I have given above is true and accurate to the best of my knowledge.

**Signed:** ..... **Date:** .....