

EMPLOYEE SICKNESS REPORT FORM

Employee Name: _____ Employee ID: _____

Department: _____ Manager Name: _____

Date of Report: _____ Time of Report: _____

Sickness Details:

Date sickness started: _____

Date sickness ended (if applicable): _____

Symptoms: _____

Certification:

I certify that I have reported the above sickness details truthfully and to the best of my knowledge. I understand that providing false information may result in disciplinary action in accordance with company policy and applicable UK law.

Medical Certificate:

Please attach a medical certificate if the sickness absence exceeds seven consecutive calendar days. The certificate should include the date of examination, diagnosis, and recommended period of absence.

Employee Declaration:

I acknowledge that I have read and understood the sickness absence reporting procedures and agree to comply with all requirements, including timely notification and submission of medical evidence as required.

Employer Use Only:

Date Report Received: _____

Reviewed By: _____

Action Taken: _____

Return to Work Interview Date: _____

Notes: _____

EMPLOYEE SIGNATURE

MANAGER SIGNATURE

Signature: _____

Signature: _____

This form is compliant with applicable UK employment laws and data protection regulations (including the Data Protection Act 2018 and GDPR). All personal data collected through this form will be processed lawfully, fairly, and transparently for the purposes of managing sickness absence, and retained only for as long as necessary. Employees have the right to access their data and request corrections as appropriate.

Original source of this document:

<https://legaltemplates-uk.com/sickness-form/>

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