

**Sick Leave Form**

***This sick leave form must be forwarded to the Compensation & Benefits Office, Human Resources Division once completed by Line Manager/Supervisor.***

* **Notification** of absence due to illness should be made by telephone to the Dean/Head of Department/Manager within one hour after start time on the first day of absence.
* **Certified Sick Leave -** A Medical Certificate must be provided to the Dean/Head of Department/Manager in all circumstances where the absence exceeds 2 days.
* **Uncertified Sick Leave -** Limited to a maximum of 2 consecutive days. If a sick absence extends from Friday to Monday inclusive, then a medical certificate must be provided. *(Up to a maximum of 7 days uncertified sick leave is permitted over a 24 month rolling period).*
* PRSI Class A Employees must apply for **Illness Benefit** for absences due to illness in excess of 5 days. Claim forms (available from GP’s), must be submitted to the Department of Social Protection in order for the employee to receive illness benefit.
* The **University of Limerick Sick Leave Scheme**, available on the Human Resources website, provides full details of arrangements in place for the administration and monitoring of sick leave.

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| To be completed by the Supervisor/Line Manager |
| Employee Name: | I.D. Number: |
| School/Unit: | PPS Number: |
| Sick leave commenced on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date  |
| Sick leave ended on: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date  |
| Has the employee returned to work: Yes [ ]  No [ ] Has a return to work meeting with the employee been held: Yes [ ]  No [ ]  If ticked Yes, returned to work on: \_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_ Date |
| Medical Certificate attached: Yes [ ]  No [ ]   |
| **Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **Supervisor***Note: Please furnish employee with a copy of completed form on their return to work* |

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