



NOTIFICATION OF EMPLOYEE ABSENCE

Please complete in BLOCK CAPITALS,

Employee Details

Name of Employer / School	*
Employees full name	
National Insurance Number	
Job Title	

Type of Absence – please tick as appropriate

Authorised Unpaid Leave	
Unauthorised Unpaid Leave	
Industrial Action	
Maternity, Paternity, Adoption Leave	
Sickness where on HALF or NO pay – please specify	

Period of Absence

Date absence commenced	____/____/____	Actual Hours and Term Time Only % at this date (if applicable)	
Actual monthly salary that would have been paid but for this absence	£		

Return to Work

Date member returned to work	____/____/____	Actual hours and Term Time Only % at this date (if changed from above).	
If absence due to sickness where the pay has reduced, APP figure			£

Signed	Date
Name	Tel No.
Job Title	Employer/school