**SICK LINE REQUEST FORM**

Did you know if you sign up for our Text Reminder Service, we can respond to your sick line request more efficiently?

Name \*

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Date of Birth \*

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Contact Number \*

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What is your job title? \*

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Please outline the duties of your role below \*

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Is this a first sick line or an extension of an existing sick line? \*

First

Extension

If this is your first sick line, have you self-certified for the first 7 days? \*

Yes

No

What is the reason for your inability to work? (please give specific details of your injury / illness ) \*

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How has your illness/injury affected your ability to do your job based on your duties outlined above? \*

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What type of sick line do you require? \*

Full absence from work

Phased return - Amended duties

Phased return- Amended hours

Which date would you like the sick line to start? (we cannot forward date sick lines, however we can backdate them) \*

Please indicate the expected length of time off required (1 week, 1 month etc.) \*

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Please indicate how you would prefer to collect the sick line? \*

Collect at Reception

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