**Notification of Sickness (Absences up to 7 days only)**

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| Please refer to the Guidance for Ecclesiastical Office Holders for details of the sickness absence policy before completing and returning this form to Human Resources Team [HR@manchester.anglican.org] | | |
| Name |  | |
| Parish/ Post |  | |
| First day I was unfit to carry out duties (including weekends) |  | |
| First day I was absent from duties |  | |
| Date on which I was fit to resume duties (including weekends) |  | |
| Date on which I actually resumed to duties |  | |
| My absence was caused by the following illness/injury |  | |
| If an injury, specify how it occurred, e.g. motor accident |  | |
| I have sought medical advice | Yes | No |
| I have consulted my doctor | Yes | No |
| I have visited a hospital or clinic | Yes | No |
| Office holder’s signature |  | |
| Date |  | |