

**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** where sick leave exceeds 6 days. Claim forms (available from GP’s), must be submitted to the Department of Social Welfare in order to receive illness benefit. Failure to adhere to this procedure will result in Social Welfare Illness Benefit deduction arrears.
* 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 | |
| The nature of illness was: | |
| Has the employee returned to work: 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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