

LONDON BOROUGH OF HAVERING

WEEKLY ABSENCE RETURN

TOTAL NO. OF EMPLOYEES FOR WEEK (EXCLUDING CASUAL STAFF): _____

CLUSTER : _____

WEEK ENDING: _____

1	2	3	4	5	6	7							8	9	10	11	12	13	14
						SHOW DAYS DUE TO WORK THIS WEEK IF NOT MON-FRI													
SERVICE AREA	BUSINESS UNIT	SURNAME	FIRST NAME	PAYROLL NUMBER	1ST DAY ABSENT	MON	TUE	WED	THU	FRI	SAT	SUN	LAST DAY OF ABSENCE	WORKING DAYS LOST THIS WEEK	TOTAL NUMBER OF WORKING DAYS LOST THIS ABSENCE	FT/PT	EXPIRY DATE OF MED CERT	PAYROLL ABSENCE CODE: A) PERSONAL SICKNESS B) INDUSTRIAL INJURY C) UNPAID LEAVE D) OTHER ABSENCE	REMARKS
TOTAL DAYS:														0	0				

I certify that this return includes all staff absences during the above ended week and I enclose copies of all medical certificates received by me.

DATE: _____ SIGNED: _____ POST TITLE: _____ CONTACT PHONE NO. _____

PLEASE RETURN THIS FORM TO YOUR CLUSTER PERSONNEL TEAM

LONDON BOROUGH OF HAVERING

WEEKLY ABSENCE RETURN

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RETURN TO WORK COMPLETED?

PLEASE RETURN THIS FORM TO YOUR CLUSTER PERSONNEL TEAM