

## SICKNESS AUTHORISATION FORM

WORKER NAME	
WORKER TEL No	
No. OF DAYS SICK	
DATE FROM	
DATE TO	
REASON FOR SICKNESS	

Sick pay is ONLY paid from the 4<sup>th</sup> Day of sickness and ONLY for days that are part of the Workers NORMAL WORKING WEEK (ie Monday to Friday) The current minimum legal daily pay rate will only be paid with an ORIGINAL VALID Sick note for the days listed

Insert Sick Note Here

### OFFICE USE ONLY

Hours Booked	Pay Rate	TOTAL COST

I authorise and agree that the above sick pay is correct as stated above.

Signed Authorised ..... CONSULTANT

Print name .....

MANAGER APPROVED SIGNATURE .....