

GCVS Employee Sickness Details Form

If you need help completing this form call 0141 332 2444 and select option 2.



Glasgow
Council
for the
Voluntary
Sector

EMPLOYER INFORMATION

GCVS Project No:		Employer Name:	
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EMPLOYEE INFORMATION

Employee Name:		GCVS Employee No:	
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TO BE COMPLETED BY EMPLOYEE

What date did your sickness begin? _____ / _____ / _____

What date did your sickness end? _____ / _____ / _____

What date did you return to work? _____ / _____ / _____

Please state the days per week you normally work? _____

TO BE COMPLETED BY EMPLOYER

Has this employee to be docked hours for this sickness? YES NO

If yes, how many **hours**? _____ **HOURS**

This form covers the employees first 7 consecutive days of sickness.

Medical certificates from their GP are required from the 8th day of sickness.

By signing this form you are authorising GCVS to record this period of sickness for this employee and pay any Statutory Sick Pay due. (SSP is only paid from the 4th day of sickness). If we have your company sick pay policy on file we will pay this employee in accordance with your policy, otherwise the hours for the days of sickness will be deducted from the employees next wage and SSP will be paid for these days (if applicable).

SSP cannot be reclaimed from HMRC. The current rate is £99.35 per week.

Any other relevant information;

I confirm that the above information is true and accurate:

Employee Signature _____ Date _____

Employer Signature _____ Date _____

For GCVS Office Use Only

SSP Days Paid:		SSP Amount:	
Period:		Actioned By:	