**PPL Independent Living Advice Service** 

## Sickness & Absence Form Template

| Year:  |
|--|
| Name of employee:                            |
| Job title:                                   |
|  |
| First day of absence:                        |
| Last day of absence:                         |
| Cumulative total days:                       |
| Reason for absence:                          |
|  |
| Return to work interview notes, if required: |
| Retain to work interview notes, in required. |
|  |
| Approved by (initials):                      |
|  |

