WOW Media UK Ltd

We are required by Sick Pay Regulations to ask you to fill in this form.

ABSENCE STATEMENT AND STATUTORY SICK PAY CLAIM FORM

You must complete this form immediately on return to work. If you are absent for more than seven days you must provide a doctor's certificate.

NAME .....

ADDRESS .....

.....

I informed (name or position) ..... on my first day of absence by (telephone message etc)

.....

I was absent from .....to.....(including weekends and bank holidays)

The above absence resulted from the following illness/injury .....

.....

I have/have not * consulted my doctor and consent to my doctor being approached to verify my statement

(please delete as appropriate*)

My doctor's details are

NAME .....

ADDRESS .....

.....

TELEPHONE NUMBER .....

I declare that, to the best of my knowledge, the above information is true and accurate.

Signed ..... Date .....

Countersigned ..... Date .....