

SICKNESS POLICY TEMPLATE - UNITED KINGDOM

Company Name: _____

Policy Number: _____

1. SCOPE OF POLICY

This Sickness Policy applies to all employees of the Company working in the United Kingdom. It sets out the procedure for reporting sickness, entitlement to sick pay, and related obligations.

2. REPORTING SICKNESS

Employees must notify their immediate supervisor or designated contact as soon as possible, and no later than the start of their working day, providing information on the nature of the illness and expected duration of absence. Failure to comply may affect entitlement to sick pay.

3. MEDICAL EVIDENCE

For absences of up to 7 calendar days, a self-certification form must be submitted upon return to work. For absences exceeding 7 calendar days, a medical certificate or fit note from a registered medical practitioner is required.

4. SICK PAY ENTITLEMENT

Eligible employees are entitled to Statutory Sick Pay (SSP) in accordance with UK law, subject to meeting the qualifying conditions. The Company may provide additional contractual sick pay benefits as outlined in the employee's contract of employment.

5. RETURN TO WORK

Employees must notify their supervisor promptly upon return to work and may be required to attend a return-to-work interview to discuss their absence and any required adjustments.

6. CONFIDENTIALITY AND DATA PROTECTION

All sickness-related information will be handled confidentially and in compliance with the UK Data Protection Act 2018 and GDPR regulations. Information will only be shared on a need-to-know basis.

7. HEALTH AND SAFETY OBLIGATIONS

Employees have a duty to take reasonable care of their own health and safety and that of others affected by their actions. Prolonged or frequent sickness absence may result in a review or referral to occupational health services.

8. POLICY REVIEW

This Policy will be reviewed periodically to ensure compliance with legal requirements and best practice. The Company reserves the right to amend this Policy at any time following appropriate consultation.

9. EMPLOYEE ACKNOWLEDGEMENT

By signing below, the employee acknowledges having read, understood, and agreed to comply with this Sickness Policy.

EMPLOYEE SIGNATURE

MANAGER SIGNATURE

Signature: _____

Signature: _____

Original source of this document:

<https://docs-wellness.com/sickness-policy-template-uk/>

Did you find this template helpful?

Find more updated templates at:

<https://docs-wellness.com/>

[View more templates](#)

This template is intended exclusively for personal, non-commercial use.
If distributed or published, the source must be mentioned.

This template is provided for guidance only and does not constitute legal advice.
It is recommended to consult a legal professional for each specific case.