Donegal Centre for Independent Living

Ballymacool House, Ballymacool, Letterkenny, Co. Donegal, F92 YY01 Tel: 074 9128945 Fax: 074 9128589 Email: dcil@donegalcil.com www.donegalcil.com Charity No. CHY 16580 Company No. 352126



Non-Attendance (HSE)

- NOTE: This form must be completed and returned to DCIL promptly in the event of any of the following:-
 - Annual leave 14 days' notice required.
 - o Sick Leave For more than two days, Doctor's Certificate must accompany form.
 - o Special leave e.g. Funerals, weddings, etc.

ALL ABSENCE OF STAFF TO BE RECORDED

P.A. AND LEADER HAVE TO AGREE ON ANNUAL AND SPECIAL LEAVE

| PA Name | | | | | |
|--|----------|-----------------|------------|---------------------|-----|
| Address | | | | | |
| Leader's Name | | | | | |
| Is replacement PA required: Yes No | | | | | |
| Have you organised replacement? Yes No Name: | | | | | |
| ABSENT FROM: TO: | | RETURN TO WORK: | | | |
| Date: | | Date: | | | |
| Number of days / Hrs requested: | | | | | |
| Reason(s) for non-attendance: *Provide Details | | | | | |
| Signed | (PA) | С | Date | | |
| Signed | (Leader) | [| Date | | |
| OFFICIAL USE ONLY | | | | | |
| Received on: | | | Doctor's C | ert enclosed Yes: _ | No: |
| Replacement Name: | | | Leave gran | ted: Yes No _ | |
| (If required) | | | | | |
| Comments: | | | | | |
| | | | | | |
| Signed | | | Date | | |
| Staff Member DCIL | | | | | |
| Cignod | | | Data | | |
| Signed PA Service Support Officer | | | Date | | |

Data Protection: Donegal Centre for Independent Living takes your privacy seriously. We take every reasonable measure and precaution to protect and secure your personal data and will retain your details for only as long as necessary. Please see our Privacy Notice on www.donegalcil.com.