**HR Notification Form – Schools**

We need to record the impact on the organisation therefore; information on absence related to this will be collated via managers using this form.

Managers must submit this form as soon as they are made aware that an employee is self-isolating or in one of the categories that is required to comply with social distancing measures.

If an employee is working from home with Covid-19 symptoms and then subsequently becomes too ill to work, managers are asked log this absence on their HR provides absence system and follow their guidelines on reporting.

Please note:

Managers do not need to submit a form if a person has arranged to work from home in line with general government guidance.

A form is required if a person:

* has symptoms/has a family member with symptoms
* is in a specific group that is required to comply with social distancing measures

|  |  |  |
| --- | --- | --- |
| Employee's name |  | |
| Employee's contact telephone number (personal) |  | |
| Please indicate if this person is an agency worker | Yes |  |
| No |  |
| Payroll Number |  | |
| Date of Birth (DD/MM/YY) |  | |
| Job Title |  | |
| Location Usually Worked |  | |
| Has the person been diagnosed with the Virus (please add X) | Yes |  |
|  | No |  |
| If you have stated that your member of staff has been diagnosed with Covid-19 and there is reasonable evidence that it was caused by exposure whilst at work then you should also report this on the Council’s incident reporting system. (An example of a work-related exposure would be a health care professional who is diagnosed with COVID-19 after providing care for a service user who has been diagnosed with COVID-19) | | |
| Please provide details of the employees situation from the following options Indicate which reason from the list provided  (please add X) | Social Distancing as over 70 years of age |  |
|  | Social Distancing as Pregnant |  |
|  | Social Distancing as family member is in vulnerable group |  |
|  | Social Distancing as has an underlying medical condition |  |
|  | Self isolating because family member has symptoms |  |
|  | Has symptoms, working from home during self isolation |  |
|  | Has symptoms, cannot work from home during self isolation due to role |  |
|  | Has symptoms and cannot work during self isolation due to illness |  |
| Date self isolation/social distancing started (DD/MM/YY) : |  | |
| Expected duration of self isolation (please add X) | 7 days |  |
| 14 days |  |
| No end date determined |  |
| Date self isolation due to cease. (leave blank if there is no end date established) (DD/MM/YY) |  | |
| Is the employee working from home during period of self isolation/social distancing? (please add X) | Yes |  |
| No |  |
| Any other comments |  | |
| Managers Name/Email address |  | |
| Date form submitted (DD/MM/YY) |  | |

PLEASE NOTE: if an employee’s situation changes and they are no longer able to work from home due to their symptoms, you need to log this sickness absence on the HR providers’ absence system and follow their guidelines on reporting.

The information on this form will be confidentially processed by the manager or team administrator and HR for absence reporting and sick pay purposes. Managers should keep all copies locally in a confidential location.