THE DONEGAL CENTRE FOR INDEPENDENT LIVING

Ballymacool House, Ballymacool, Letterkenny, Co. Donegal

🕿 **074 912 8945** Fax: **074 912 8589** Email: **dcil@donegalcil.com**

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| **Non-Attendance Form**  |

* 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.
	+ Sick Leave – For more than two days a doctor’s certificate must accompany form.
	+ 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employee No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Leader’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is replacement PA required: Yes: \_\_\_\_ No: \_\_\_\_\_

Have you organised replacement? Yes: \_\_\_\_\_ No: \_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **ABSENT FROM: TO:**Date: \_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_Number of days / Hrs requested: \_\_\_\_\_\_\_\_\_\_\_\_ | **RETURN TO WORK:**Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Reason(s) for non-attendance: Annual leave [ ] Sick Leave [ ] \*Special Leave [ ]\*Provide Details: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (PA) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Leader) Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| OFFICIAL USE ONLY |
| Received on: | Doctor’s Cert enclosed Yes: \_\_\_ No: \_\_\_ |
| Replacement Name:(If required)  | Leave granted: Yes: \_\_\_ No: \_\_\_ |
| Comments: |
| Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*Staff Member DCIL* |
| Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*DCIL Service & Support Officer* |