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| **Staff Absence Return Form** | | | |
| Staff Absences Return for week ending: |  | Year: |  |
| Contact Name: |  | Email Address: |  |
| Department: |  | Tel Ext: |  |



For guidance on completing this Return please refer to the Guidance Notes on the Completion of the Return of Staff Absences. This is available from the Payroll Section of the Finance website. Please return completed and authorised forms to [absence.returns@strath.ac.uk](mailto:absence.returns@strath.ac.uk).

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| --- | --- | --- | --- | --- | --- | --- |
| **Staff Number**  **(Finance use only)** | **Name of Employee** | **Date of First Day of Absence From Work** | **Half Day?**  **(Yes / No)** | **Reason for Absence Code** | **Date of Last Day of Absence From Work** | **Date Medical Certificate sent To Finance** |
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| Signature: (Head of Department or Designated Nominee) |  | Date: |  |

**Please tick if Nil Staff Absence Return**