INSERT DATE

**STRICTLY PRIVATE AND CONFIDENTIAL**

**ADDRESSEE ONLY**

INSERT NAME

INSERT ADDRESS

Sent by Email to: (If applicable)

Dear NAME

**Sickness Absence and Attendance at Work Procedure – Failure to provide Medical Certificate Fit Note from GP**

I refer to the above and note that you have failed to submit a GP fit note in relation to your current absence from work. I confirm that your current absence commenced on INSERT START DATE OF ABSENCE due to INSERT ABSENCE REASON and your last fit note received covering you from INSERT DATES OF FIT NOTE FROM AND TO.

I enclose a copy of the Trust’s Sickness Absence and Attendance at Work Procedure and draw your attention to Section 3.2 that states it is your responsibility to obtain a GP fit note on the eighth day of absence. This must be submitted promptly and within no more than 3 calendar days after it is required. Failure to provide these notes in a timely manner will mean that your absence is unauthorised and will be without pay.

Therefore, I request that you provide a GP fit note to cover your current absence from work immediately. Failure to provide a GP fit note by this date, will result in your pay being stopped. Back-dated fit notes will only be accepted in extenuating circumstances.

If your pay is stopped and you subsequently provide a fit note, pay will be resumed from the date of receipt of fit note and will not be back paid. If during your absence you continue to fail to submit further GP fit notes on time your pay will be stopped without further notice.

You were encouraged that if you wish to speak to anyone in confidence or in order to receive counselling during this period the Trust has a Staff Support Service who may be contacted on 0121 371 7170, alternatively you can email StaffCounselling.Services@uhb.nhs.uk . In addition to this, you can also access the staff wellbeing page from home by typing “*UHB Wellbeing*” into Google search.

If you have any queries regarding this matter, please do not hesitate to contact me.

Yours sincerely

**NAME**

**TITLE**

Enc Trust Sickness Absence and Attendance Procedure

Cc. NAME, (Senior) HR Advisor

Personal File