10 Sabre Close, Green Farm Business Park, Quedgeley, Gloucester, GL2 4NZ. Tel. 01452 361615/361643 Fax. 01452 361604

AGRICULTURAL WAGES BOARD SICK PAY SCHEME CLAIM FORM

Name:
Address: Postcode:
Home Telephone Number: Policy No:

Employee Details

Employee Name: Employee Address: Employee NI No: Date of Birth: Employee Job Description:

Date employment commenced: AWB Work Grade: Is Employment Full Time Fixed Hours? Yes / No Days on which employee normally works: Part Time Fixed Hours? Yes / No Part Time Flexible Hours? Yes / No Number of hours worked per week? If either Flexible or Part Time please advise hours worked:

Continued

When was last day employee worked?

When did employee return to work?

Is employee's absence due to accident? Yes / No

If Yes, where did this occur?

Please detail accident circumstances:

Was this during working hours? Yes / No

Was employee travelling to or from work? Yes / No

Is employee's absence due to sickness? Yes / No

If Yes, what was cause of illness?

Employees Dr/Consultant Name:

Dr Practice/Hospital Name:

Dr Practice/Hospital Address:

Telephone No:
Fax No:

Prior to absence was employee under notice of redundancy/dismissal? Yes / No

If Yes, when was notice due to take effect:

Please advise statutory min. wage paid during absence: £

Please advise amount of overtime paid during absence and rate: £

Please advise amount of SSP recovered: £

Declaration:

I/WE DECLARE THE FOREGOING DETAILS TO BE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF:

Signed:

Date: