MAAP Accountancy Services Ltd
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44 Willow Way
Christchurch
BH23 1LA

Tel: 01202 482121 email: payroll@maap.co.uk

Employer *

STATUTORY SICK PAY

ESSENTIAL INFORMATION YOU MUST PROVIDE FOR EACH EMPLOYEE CLAIMING STATUTORY SICK PAY

Employee 1

First Name(s) * Please enter all first names

Last Name *

Unavailability to work began and ended on:

Start Date * Day Month Year Enter a non-working day if that was the day the illness began

End Date * Day Month Year *or* **Still unavailable** "x"

Please mark the normal working days for this employee with an 'X' *

Sat	Mon	Tue	Wed	Thu	Fri	Sat

Please confirm you have retained the original doctor's fit note (formerly sick note) for the period of absence if more than seven days: *

Yes	No	
		Please enter an "X"

Employee 2

First Name(s) * Please enter all first names

Last Name *

Unavailability to work began and ended on:

Start Date * Day Month Year Enter a non-working day if that was the day the illness began

End Date * Day Month Year *or* **Still unavailable** "x"

Please mark the normal working days for this employee with an 'X' *

Sat	Mon	Tue	Wed	Thu	Fri	Sat

Please confirm you have retained the original doctor's fit note (formerly sick note) for the period of absence if more than seven days: *

Yes	No	
		Please enter an "X"
