

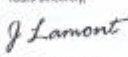


EMPLOYEE SICKNESS/ABSENCE FORM	
TO BE COMPLETED BY THE EMPLOYEE ON THE FIRST DAY OF RETURNING TO WORK	
EMPLOYEE DETAILS	
FULL NAME JIMMY MORRISON	
HOME ADDRESS 27 HAWKINS DRIVE KILMARNOCK	
POSTCODE KA1 5GJ TELEPHONE	
JOB TITLE KEYBOARD OPERATOR	
ANY ABSENCE OF MORE THAN SEVEN WORKING DAYS MUST BE ACCOMPANIED BY A DOCTOR'S CERTIFICATE. IT IS NOT ACCEPTABLE TO GIVE THE REASON AS JUST SICK OR ILL.	
ABSENCE	
FROM 12 JULY 99 TO 15 JULY 99	
REASON I burned my hand opening a curry out of the microwave	
I CONFIRM THAT THE INFORMATION I HAVE GIVEN ABOVE IS ACCURATE.	
SIGNATURE JGMorrison DATE 16 JULY 99	
 Gifford & Partners Electrical 101 Haver Electrical Ltd Unit 84 Northwood Road North Plains Industrial Estate Kilmarnock KA3 8JA, Gifford TEL: 01563 624000 FAX: 01563 624001	

Cost to business:

- 4 days temp cover

Colins Pryce Insurance Dunblair House Inverurie Road Forres AB41 2JS	
	
Mr Graham Wilson Human Resources Manager Colins Pryce Insurance Cherrytree House Inverurie Road Forres AB41 2JS	
11 June 1999	
Dear Graham,	
COMPASSIONATE LEAVE - 14 to 22 June 1999 I refer to our most recent telephone conversation in which it was agreed that I would be given compassionate leave. As requested I am submitting a formal request, in writing, for this. I would be grateful if I could take the next seven days off work to look after my mother in law who has just returned from hospital after a serious fall at home. I will be off from Monday the 14 June and intend to use my full entitlement of compassionate leave. I intend to return to work on the 23 June but will come back earlier if her condition permits. Yours sincerely,  Mrs Jessie Lamont Section Supervisor	

Cost to business:

- Junior cover only
- Large contracts lost

DEATH CERTIFICATE						
Registered in the District of						
1. Surname	Saunders				2 Sex	M
Name(s)	Monica Gourlay					
3. Occupation Training Manager						
4. Marital Status	5. Date of birth	Year	Month	Day	6. Age	
Married		1955	4	11	40 years	
7. Name(s), surname and occupation of spouse(s) Peter William Saunders Larger						
8. When and where died 1999 August Fifth 48 Grove Park, Dundee						
9. Usual residence (if different from 8 above)						
10. Name(s), surname and occupation of father Duncan Iain Watson Pitlochry (deceased)			11. Name(s), surname(s) and maiden name of mother Alexandra Watson n.e. Gourlay			
12. Cause of death Carbon Monoxide Poisoning Certifying registered medical practitioner B Wood						
13. Informant's signature (Signed) P Saunders husband qualification and address 48 Grove Park, Dundee						
14. When registered	Year	Month	Day	15. (Signed) Frank Malcolm		
	1999	8	0			
16.						

Cost to business:

- Death and service benefit
- Dependant's pension
- Recruitment costs
- Training programme disrupted

These accidents were all avoidable. Consider the costs you could save by having a more safety conscious workforce.

 The Home Safety Officers can

1. develop home safety strategies/policies with your business
2. organise seminars, conferences, publicity and training on home safety
3. give presentations to your workforce

 THE SCOTTISH HOME SAFETY OFFICERS GROUP EXISTS TO PROVIDE A FORUM FOR THE EXCHANGE OF INFORMATION AND IDEAS FOR OFFICERS WORKING IN THE FIELD OF HOME SAFETY AND TO UNDERTAKE SPECIFIC CAMPAIGNS/PROJECTS TO HIGHLIGHT PUBLIC AWARENESS OF HOME SAFETY.

Your local contacts:

- Aberdeen City Council**
 Karen Fitzgerald 01224 552610
- The Clackmannanshire Council**
 Hugh Hamilton 01259 452572
- Dundee City Council**
 Laura McDermott 01382 434026
- East Ayrshire Council**
 Ann Williams 01563 573154
- East Lothian Council**
 Wendy McGuire 01620 827695
- City of Edinburgh Council**
 Jim Black 0131 469 5192
- Fife Council**
 David Birrell 01592 417534
- North Lanarkshire Council**
 Jim France 01698 302033
- South Ayrshire Council**
 Elisa Dougall 01292 616625
- South Lanarkshire Council**
 Margaret Ballentine 01698 452454
- West Dunbartonshire Council**
 Mark Langdon 01389 737015
- West Lothian Council**
 Sheila Murphy 01506 776463
- RoSPA**
 Elizabeth Lumsden 0131 455 7457



Scottish Home Safety Officers Group

Do you know how much filling this in will cost YOUR business?

SELF CERTIFICATION OF SICKNESS/ABSENCE	FOR OFFICIAL USE ONLY	
	DATE RECEIVED	AUTHORISED
NAME		
ADDRESS		
..... POSTCODE		
POSITION		
DEPARTMENT		
FIRST DAY OF ABSENCE		
LAST DAY OF ABSENCE		
REASON FOR ABSENCE		
ACCIDENT		
SIGNATURE	DATE	