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|  | **UNIVERSITY COLLEGE DUBLIN**  **Application for Statutory Sick Pay (SSP)** |

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| * ***Statutory Sick Pay (SSP) applies to hourly*** ***employees who do not have access to the UCD Sick Leave scheme*** * ***Since 1st January 2024, all hourly employees have a right to 5 days’ sick pay (SSP) per year. This will increase to 7 days in 2025 and 10 days in 2026*** * ***Statutory Sick Pay is paid by your employer at 70% of your normal pay up to a maximum of €110 a day*** * ***To qualify, you must be an employee and have worked at least 13 weeks with the University*** * ***You will also need to be certified by a GP/Medical Professional as unable to work*** * ***This completed form and relevant medical documentation should be*** ***returned to: sickleave@ucd.ie*** |

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| Name: | Personnel No: P |
| School/Unit: | Line Manager: |
| Date my certified sick leave commenced: | Date my certified sick leave ended: |
| Number of hours scheduled to work each day of absence: | |
| Date I returned to work: | Total number of hours/days of this certified absence: |
| I attach a medical certificate for this absence: | |

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| **DECLARATION**  *I confirm that I have taken certified sick leave on the above-mentioned date(s) as I was unfit for work due to illness/injury. I declare that the information given above is true and complete.* | | | |
| **Signature of Employee:** |  | **Date:** |  |

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| **To be completed by Head of School / Unit or Line Manager:** | | | |
| **Signature of Head of School/Unit/Line Manager:** |  | **Date:** |  |