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

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| ***Statutory Sick Pay (SSP) applies to any employees who do not have access to the UCD Sick Leave scheme.***  ***Since 1st January 2024, all employees have a right to 5 days’ sick pay (SSP) per year.***  ***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 as unable to work.*** |

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| Name: | Personnel No: P |
| School/Unit: | Line Manager: |
| Number of hours scheduled to work each day of absence: | |
| Date my certified sick leave commenced: | Date my certified sick leave ended: |
| Date I returned to work: | Total number of days of this certified absence: |
| Nature of illness: | |
| I have attached 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 Manager:** | | | |
| **Signature of Head of School/Unit, Line Manager:** |  | **Date:** |  |