NHS **Urgent Care 24**

Unauthorised Absence / failure to attend

Section A – Employee and Shift Details to be completed by Shift Supervisor on shift when a member of staff does not attend for duty session and no notification is received.

NAME OF EMPLOYEE WHO IS ABSENT (without explanation): _____

Please fill in the details of the shift that the member of staff has not attended.

DATE OF SHIFT: _____ SHIFT TIMES: _____ DUTY: _____

DATE OF SHIFT: _____ SHIFT TIMES: _____ DUTY: _____

DATE OF SHIFT: _____ SHIFT TIMES: _____ DUTY: _____

DATE OF SHIFT: _____ SHIFT TIMES: _____ DUTY: _____

ATTEMPT MADE AT CONTACTING MEMBER OF STAFF, IF CONTACT MADE, RESULTING OUTCOME:

SHIFT SUPERVISOR NAME: _____

DATE & TIME: _____

SIGNATURE: _____

Section B – Line Manager Comments

Name:

Signature (Manager): **Date:**

☐ **PERSONNEL DATABASE UPDATED**

Unauthorised Absence