



Return to Work Post Sick Leave Form (SL1 Form)

(To be completed and submitted on the first day of return to work following sick leave absence by Staff Member & Line Manager.)

I have been absent from work due to illness from ____ / ____ / ____ (first day of sick leave) to ____ / ____ / ____ (last day of sick leave as per medical cert).

I returned to work on: ____ / ____ / ____ (date of day returned to work)

Absence certified: ☐ Uncertified: ☐ COVID-19: ☐

Illness Benefit application is required if absence is for more than 5 days of ordinary illness or more than 5 calendar days on COVID-19 Special Leave with Pay.

Application forms for Illness Benefit are obtainable from your GP and should be submitted directly to the DSP - Department of Social Protection (quoting your own bank account number so that Illness Benefit payment is made directly to you). **Please note that the University will deduct the standard amount paid by the DSP from your salary, irrespective of whether or not you have submitted the application form to the DSP.**

I confirm that, as my absence was for more than 5 days or more than 5 calendar days on COVID-19 Special Leave with Pay, I have applied for Illness Benefit from the [Department of Social Protection](#) (DSP). (With the exception of Employees on Class D PRSI or those over the age of 66 years) as applicable.

Yes: ☐ No: ☐

I confirm that I have forwarded the Illness Benefit payment statement retrieved on [Statements and Refunds \(mywelfare.ie\)](#) notification to hirsickleave@universityofgalway.ie

Yes: ☐ No: ☐

Name of Staff Member (Please Print): _____

Staff ID Number: _____

Signature of Staff Member: _____

Date: _____

Line Manager: I confirm that I have conducted a return-to-work interview ☐

Name of Line Manager (Please Print): _____

Signature of Line Manager: _____

Date: _____

School / Unit: _____