



Instructions for employers on completing sick pay claim form for a further year.

- Complete Section B below.
 - Return this form with the claimant's medical certificate to the address below.
-  If the claimant is still absent from work, you must complete this form and return it to CWSPT with any further medical evidence.
-  No further payment will be made until you have returned this form with further evidence from doctor or hospital confirming period of absence to CWSPT.

B To be completed by the employer

Company name: _____

Address: _____

Employee name: _____ CWPS Member ID: _____

Please tick appropriate box.

This employee has not yet returned to work and medical evidence of continued illness/injury is attached.

If employment with your company has ceased, please give date of termination: ____ / ____ / ____

This employee returned to work on: ____ / ____ / ____

Employer's signature: _____ Date: ____ / ____ / ____

Employer's Stamp: