

Sick Pay Claim Form

All completed forms need to be returned with the sick cert to payrollqueries@ttmhealthcare.com

Full Name of employee: _____

Employee Email: _____

Employee Payroll Number: _____

Employee Start Date with TTM: _____

Medical Cert attached: Yes/no

*** Medical cert must be submitted with Sick leave form on 1st day of absence.*

Previous sick pay days claimed: _____

***Number of sick days already claimed if any in this calendar year*

Number of sick pay days you wish to claim: _____

*** In 2023 employees are entitled to 3 days sick pay. This will increase to 5 days in 2024, 7 days in 2025 and 10 days in 2026. As long as you meet the qualifying criteria. Please refer to your Handbook.*

Confirmation of shift booking:

Date	Location	Start Time 24HRS hh:mm	End Time 24HRS hh:mm	Booking Contact Person

Did you notify TTM a minimum of 1 hour before the rostered shift? Yes/no

Employee Signature: _____

For office use only:

Approved and signed by TTM Payroll: _____

Disclaimer – all sick leave requests will be approved/rejected once all relevant information has been collected and verified within 14 days.