

NOTIFICATION OF INCAPACITY

YR EGLWYS
YNG NGHYMURU



THE CHURCH
IN WALES

CORFF CYNRYCHIOLWYR YR EGLWYS YNG NGHYMURU
THE REPRESENTATIVE BODY OF THE CHURCH IN WALES

If you are incapacitated, please complete the following and send it to the address below. If your incapacity continues for more than seven days, an appropriate medical certificate should be sent to the Stipends Department as well as this form.

Full Name	<input type="text"/>
Employee No: (if known)	<input type="text"/>
RB Ref No: (if known)	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Nature of illness	<input type="text"/>
Date of first day's absence from work:	<input type="text"/>
Expected date of return to work:	<input type="text"/>
Signature	<input type="text"/>
Date	<input type="text"/>

If you have any questions please contact the Stipends Department on 029 2034 8225.

To: Stipends Department
RBCW
39 Cathedral Road
CARDIFF
CF11 9XF