

ABSENCE STATEMENT

YR EGLWYS
YNG NGHYMURU



THE CHURCH
IN WALES

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

Please complete the following and send it to the address below when you return to work. If you were incapacitated for more than seven days, then please send appropriate medical certificates with this form, if you have not already done so.

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"/>
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Date of first day's absence from work:	<input type="text"/>
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Date of return to work:	<input type="text"/>
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Signature	<input type="text"/>
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Date	<input type="text"/>
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If you have any questions please contact the Stipends Department on 029 2034 8225.

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