AUSTRALIAN SICK LEAVE FORM

Employee Information:

Full Name: _____

Employee ID (if applicable): _____

Department: _____

Position: _____

Employer Information:

Company Name: _____

Address: _____

Contact Number: _____

Sick Leave Details:

Date(s) of Absence: _____

Total Sick Leave Days Taken: _____

Reason for Leave (brief description): _____

Medical Certification:

I hereby certify that the above-named employee was medically unfit for work during the period(s) stated above. This certification is issued in accordance with applicable Australian workplace laws and guidelines. The employee has complied with the requirements under the Fair Work Act 2009 regarding notice and evidence for sick leave.

Medical Practitioner Information:

Full Name: _____

Practice Name: _____

Address: _____

Contact Number: _____

Legal Compliance Notice:

This Sick Leave Form is governed by the Fair Work Act 2009 and related Australian workplace laws. False or misleading statements in this form may constitute a breach of applicable laws and may result in disciplinary action or legal penalties.

Employee Declaration:

I declare that the information provided in this form is true and correct to the best of my knowledge. I understand my obligations under the Fair Work Act 2009 and agree to provide additional evidence if requested by my employer.

EMPLOYEE SIGNATURE

Signature: _____

Date: _____

MEDICAL PRACTITIONER SIGNATURE

Signature: _____

Date: _____