

CLAIM FOR TIME OFF WORK FORM



This form is used to claim compensation for time off work by an employee who is incapacitated for work, either partly or wholly, and continues to be employed by their pre-injury employer. A claim for time off work form is required to be completed by the employee and submitted directly to EML.

PRIVACY

WE ARE COMMITTED TO PROTECTING YOUR PRIVACY

EML operates under the Australian Privacy Principles and is committed to handling your personal information in accordance with the Privacy Laws and the Australian Privacy Principles.

We also operate in the ACT and follow the Territory Privacy Principles set out under the *Information Privacy Act 2014* (ACT). Protecting your privacy and personal information is an important aspect of the way we manage our services.

To read more about our privacy statement, and how to contact the EML Group Privacy Officer, please visit www.eml.com.au/privacy

Surname		Given names(s)	
Date of Birth		Date of injury	
Claim number			

PERIOD OF ABSENCE CLAIMED: *(note: leave can only be claimed for standard hours of duty)*

Start date	
End date	

Reason/s for absence: (attach a medical certificate for total incapacity, period of reduced earnings and graduated return to work. Attach an attendance certificate for leave for medical treatment)

Periods in which partial or total absence from work occurred or are anticipated				Reason for absence
From		To		
Date	HH:MM	Date	HH:MM	

Public Holidays: It is an employer's responsibility to pay an employee for a public holiday based on the conditions in the agency's enterprise agreement.

Employee Name: _____

Signature: _____

Date: _____