

About this form

Statutory Sick Pay (SSP) is money paid by employers to employees who are away from work because they are sick. Please fill in 'Your statement' below when you have been sick for four days or more in a row.

Surname or family name What date did you last work bef DD MM YYYY First name(s) What time did you finish work of (enter time in 24 hours) Title – enter MR, MRS, MISS, MS, or other title Mas your sickness caused by an industrial disease? Was your sickness caused by an industrial disease? No Yes If you answered Yes', you may be Disablement Benefit. If you wan this benefit, ask at any Jobcentry Your signature Clock or payroll number	geople with disabilities. 0000 220 670. Output you have any problem.
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National Insurance number No Yes If you answered Yes', you may be Disablement Benefit. If you wan this benefit, ask at any Jobcentry Your signature	accident at work or an
About your sickness. Please give brief details KIDNET INFECTION Date DD MM YYYY 2 4 0 8 2 0 2 What date did your sickness begin? DD MM YYYY 17 0 5 2 0 2 0 What date did your sickness end? If you do not know, please leave this blank. DD MM YYYY 2 1 0 4 2 9 2 0 The dates you put in these two boxes may be days you do not normally work. If you are sick for more than seven	t information about claiming the Plus office.

What to do next

Please:

- give your completed form to your employer. It will help them decide if you can get SSP
- · keep a copy for your own information.

If you can get SSP, your employer will pay you in the same way they usually pay your wages. If you cannot get SSP, your employer will give you form SSP1 to tell you why. You can use form SSP1 to claim Employment and Support Allowance.

If you disagree with your employer's decision you can ask HM Revenue & Customs for a decision about your entitlement phone our Disputes Team on **0191 225 5221**.