

Sickness Allowances - Absence from work as the Result of an Accident

Your attention is drawn to the fact that an employee of the of the London Borough of Bexley who is absent from work as the result of an accident will not be entitled to a sickness allowance if damages are receivable from a third party in respect of such accident. In this event, the Council may, having regard to the circumstances of the case, advance on loan a sum not exceeding the sickness allowance provided under the appropriate scheme, subject to the employee undertaking to refund to the Council the total amount of such allowance or such proportion as the Council may determine.

It is the Council's normal practice to advance a sum equal to the sickness allowance on receipt of the undertaking referred to, and you should therefore complete Form B and return it to the HR Business Centre, 3rd Floor East , 2 Watling Street, Bexleyheath DA6 7AT as soon as possible.

In any case of absence resulting from an accident you should complete Form A and forward it as soon as possible to the HR Business Centre at the above address.

HR Business Centre/General/Handbooks/Schools Handbooks/Appendix xviii - Indemnity Form

Form A

To: HR Business Centre, 3rd Floor East , 2 Watling Street, Bexleyheath DA6 7AT

In connection with the accident which I sustained on: _____

I hereby declare that:

- so far as I am aware damages are not recoverable from a third party
- it is my intention to claim damages from a third party and I will notify you when the claim has been settled

Signed: _____

Name (Block Letters): _____

Date: _____

Payroll Number: _____

Form B

To: HR Business Centre, 3rd Floor East , 2 Watling Street, Bexleyheath DA6 7AT

In connection with the accident which I sustained on: _____

I hereby undertake that on settlement of my claim against a third party. I will refund to the London Borough of Bexley the total amount of any sickness allowance which they may advance to me, or such proportion thereof as the London Borough of Bexley may determine.

Signed: _____

Name (Block Letters): _____

Date: _____

Payroll Number: _____