SCHOOL OF LIFE SCIENCES

Faculty notification of absence

This form is to be completed by members of faculty who will be away from the University for business reasons for more than five working days. The form should be completed as soon as any absence is proposed, and for absences during term time must be authorised in advance by the Head of School. For other absences i.e. holiday, sickness, paternity/maternity leave or other authorised absences the relevant procedure should be followed.

Teaching
What arrangements have been made for any classes scheduled in this period?

Pastoral
It may be advisable to nominate an alternate supervisor for research students to cover any other matters not relating to safety (research advice etc.). If this person is different from the safety supervisor please indicate this below.

Please indicate what arrangements have been made to support your academic advisees.

Safety
The supervisor must be able to demonstrate that a suitable and sufficient risk assessment of any ongoing work has been performed and that steps have been taken to ensure that any risk created by that work is not liable to expose a worker, or any other person, to health risks. Supervisors must ensure that procedures, as contained in the University’s various local rules for guidance on Health and Safety matters, are fully implemented. See:

http://www.sussex.ac.uk/lifesci/internal/servicesandsupport/healthandsafety/schoolpolicies/procedures

NAME: .........................................................................................................................................................

I shall be away from the University from ................... until ........................................

Reason for absence:........................................................................................................................................

TEACHING – I have made the following arrangements..................................................................................

PASTORAL - During my absence .................................................. has agreed to give advice to my students.

SAFETY - During my absence .................................................. has agreed to supervise the work of research workers and students in my group in relation to safety. I confirm that all research personnel in the group have been informed of the name of this alternative Supervisor.

*Delete as appropriate.
  * a) I have undertaken a risk assessment for the work done by those for whom I am responsible and it is my judgement that it is unnecessary for me to arrange an alternative supervisor.
  * b) I have identified any hazards or risks involved in the work undertaken by those under my supervision and passed this information to my nominated supervisor.

SIGNED ........................................................................................................... DATE ........................................

Once completed, please return this form to Trudy Myers for signature by the Head of School. Do not forget to complete a Travel insurance form if you intend to leave the country.

HEAD OF SCHOOL’S SIGNATURE .................................................................DATE .................