

SELF CERTIFICATION - SICKNESS ABSENCE FORM

Please complete this form immediately upon your return to work after a period of absence of half day or more. Self certification is required for ALL periods of absence up to and including seven days, after which a doctor's Fit Note will be required.

Full Name	
Place Of Work	
Job Title	

PERIOD OF ABSENCE

If your absence is due to sickness please enter the start and end dates when you were unfit to work, including Saturdays, Sundays and Bank Holidays.

First day of absence	
Last day of absence	
Date of return to work	

DETAILS OF ABSENCE

Please state briefly why you are/were unfit to work. *Please be specific, e.g. influenza, rheumatism, injury at work etc.* If the absence is related to injury, please give brief details of the injury and cause.

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Did you receive medical treatment during your absence?	YES/NO
If so, please state where and when	
Was your sickness caused by an accident at work or an industrial disease?	YES/NO
<i>Please ensure that any accident at work is entered in the Accident Book.</i>	

DECLARATION

I declare that I have not worked during the period of absence stated above and that the information given is true and accurate to the best of my knowledge. I understand that to give false or misleading information can result in disciplinary proceedings which may lead to dismissal

Employee's Signature:	
Date:	