

### SELF-CERTIFICATION OF SICKNESS ABSENCE FORM

This form is to record sickness absence information and is to be completed by you on the first day of return to work and countersigned by your line manager. It must be completed for all periods of sickness absence of half a day or more. If you leave work early on a particular day as a result of sickness, you should record the time you left in the section headed “date on which you first became unfit for work”.

If you are absent due to illness for more than seven consecutive calendar days, you must also provide a doctor’s certificate.

Once completed, this form should be signed by both you and your line manager. The form should then be returned to HR who will send to finance to process for payment if applicable.

Full name of employee:	
Date on which you first became unfit for work:	
Date on which you returned to work:	
Total number of working days (including half-days) absent due to illness:	
Please give precise details of the nature of your illness or injury – “sick”, “ill” or “unwell” is insufficient:	
Did you visit your doctor or seek other medical advice in relation to this period of illness or injury?	YES/NO
If you did not visit your doctor or seek other medical advice, please give the reason why not:	
I declare that the information I have given on this form is true and I confirm that I am now fit to resume work. I understand that it is a serious disciplinary offence to provide false information on this form.	

Name..... Name.....  
*(insert name of employee)*                      *(insert name of line manager)*

Signed:..... Signed:.....

Date..... Date: .....