

Self Certification of Sickness Absence

Name:Employee ID:

Department:Division:

I was absent from work due to sickness / injury:

From: (First complete day of absence).....

Until: (First day back at work)

For: (Number of working days absent).....

My absence was caused by (see note 2):.....

.....
.....
.....

I did / did not consult my doctor during my absence (delete as appropriate).

The information given here is true and complete. I understand that any mis-statement may lead to non-payment of Company sick pay. I believe I am now fit to return to work.

Signature:Date:

Manager Signature:Date:

Notes

1. You should complete this form immediately on returning to work from a period of sickness absence whenever a SELF CERTIFICATION OF SICKNESS ABSENCE is required. After the form has been completed, you should sign and date the form and give it to your manager who will then countersign and pass the form to Finance. Counter-signature of the form by your supervisor or manager does not necessarily imply a commitment to payment of sick pay.
2. Enter, briefly, why you were unfit for work (words like 'illness' or 'unwell' are not enough). However, if you cannot complete this entry without disclosing information which you wish to be treated as medically confidential, you should ask your manager to arrange for you to contact your local HR Manager.