

Self Certification Sickness Absence Form



TO BE COMPLETED BY THE EMPLOYEE IMMEDIATELY UPON RETURNING TO WORK

You must complete this certificate for all absences of half a day or more (including jury service, public services and trade union duties). The Company does not require a Doctor's Certificate or 'fit not' for the first 7 calendar days of sickness related absence unless specifically requested.

Employee First Name		Employee Surname	
Job Title		Client / Location	
Personnel Number		NI Number	

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.

Last day worked before sickness		Unfit to work FROM:	
Date actually returned to work		Unfit to work TO:	

Please state briefly why you are/were unfit to work. (Words such as illness/sickness are not enough). If the absence is related to injury, please give brief details of the injury and cause:

Was your sickness caused by an accident at work or an industrial disease? Yes No
Please ensure that any accident at work is entered in the Accident Book.

Have you seen your GP or attended at a hospital, clinic or similar place in respect of this absence? Yes No
If so, please provide detail:

Place attended (name and address):

Reason for attendance:

..... In Patient Out Patient

Do you consider that you have a disability, as defined by the Equality Act 2010? Yes No

Is the absence because of, or related to your disability? Yes No

If your absence is was not due to sickness: First day absent: Last day absent:

Reason:

DECLARATION I declare that I have not worked during the above period of absence and the information given is complete and accurate. I agree that the information included above may be recorded in any way deemed appropriate by the Company for a proper management of the Company and its affairs, consistent with the provisions of current legislation.

Signed: Date:

NOTES:

1. You should not delay in seeing your doctor if you need medical advice or treatment.
2. If you have received a letter from the DSS office, exempting you from SSP, please attach a copy of the letter to this form.
3. Full details of the Company Sick Pay and SSP entitlements can be obtained from HR Department.
4. All information provided in this document will be treated as confidential and will be used by the Company to make a fair assessment on entitlement to any sick or other pay.