

SICKNESS ABSENCE SELF CERTIFICATION FORM

After every period of sickness absence, you must complete a 'Self Certification form' and Return to Work' form with your manager so that:

- We can make sure your sick pay entitlements are calculated correctly.
- You and your manager can agree your fitness to return to work.
- We can investigate, record and in appropriate cases report any absences due to injury or ill health at work.

Please ensure that you complete all parts of this form with your line manager for verification.

All employees: You **must** complete the section below even if a doctor's certificate has already been supplied.

First Name:	Surname Name:
.....
Job Title:	Home absence from:
.....

Date of first day of sickness? (including any non-working days)	/ /
.....
Date of last day of sickness? (including any non-working days)	/ /
.....

Reason for Absence - please state in your own words your reason for being absent from work.

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Signatures

Employees: I confirm that this is a true and accurate statement:

E-Signature: Date:

I confirm that I
have spoken to
this employee
on his/her return
to work and a
return to work
form has been
completed

Name:
(please print)

Signature: Date:

Submission

Please ensure this is submitted within 48 hours of return to work