

**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.


**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