

# Sickness Absence: Self-Certification Form

You should use this form to certify sickness of up to five working days. To self-certify, complete the form and send on to your manager and/or People & Purpose department.

For sickness exceeding five working days, you must provide a certificate from your doctor.

Name:			
First day when I was unfit for work (including weekends)		First day I was absent from work	
Has the sickness ended?			
Date on which I was fit to return to work (including weekends)		Date on which I returned to work	
My absence was caused by the following illness/injury:			
If an injury, specify how it occurred? (e.g. motor accident):			
I have sought medical advice (Y/N)			
I have consulted my doctor (Y/N)			
I have visited a hospital or clinic (Y/N)			
Employees Signature: .....		Date: .....	

