**SELF-CERTIFICATION**

This form is used for all absences up to and including seven calendar days. All absences in excess of seven days require a signed doctor’s certificate.

|  |  |
| --- | --- |
| Section One: Personal Details | |
| Name: |  |
| Job Title: |  |
| Department: |  |
| Home Address: |  |
|  |
|  |

|  |  |
| --- | --- |
| Section Two: Period of Sickness / Injury | |
| First day of sickness (including weekends): |  |
| First day of absence: |  |
| Last day of absence: |  |
| Last day of sickness (including weekends): |  |
| Date returned to work: |  |

|  |
| --- |
| Section Three: Details of Sickness / Injury |
| I was unfit to attend for work for the following reason (e.g. influenza, rheumatism, etc.):  If you feel your stated reason could cause you personal embarrassment, you may enter “personal – details discussed with manager or HR” |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| I declare that the information given is, to the best of my knowledge, correct and understand that this information will be processed in line with the company sick pay scheme and the policy and procedure on the management of sickness absence. | | | | |
| Employee Signature: |  |  | Date: |  |

**Next Steps:**

Return the completed Self-Certification to your Line Manager. He/she will then forward it to the HR Team.