**Sickness Self Certification Form**

(For sickness absence of 7 days or less)

This form must be completed by an employee returning to work after any period of absence due to sickness or injury (even if you also have doctor’s certificates/fit note). It should then be given to your manager who will pass on to HR for your file. If you knowingly provide false information, disciplinary action may be taken.

|  |  |
| --- | --- |
| Name |  |
| Job Title |  |
| Department |  |
| Manager |  |

**I certify that I was unable to attend work due to sickness**

|  |  |
| --- | --- |
| Date of first day of absence |  |
| Date of last day of absence  (Include Saturday and Sunday where the absence spans over a weekend) |  |
| Date Returned to work |  |
| Number of working days off |  |
| Reason for absence (please specify the nature of your illness/symptoms – ‘illness’ or sickness’ is not sufficient in specifying the nature of your illness) |  |
| Please delete as applicable | I did/did not consult my doctor during my absence |
| My illness was/was not caused by an accident at work |
| I do/ do not confirm that I am now well enough to return to work |

**I certify that, to the best of my knowledge, the details I have given are correct**

Employee’s signature………………………………….. Date……………………………………………..

Manager’s Signature………………………………….. Date……………………………………………..

HR Use Only

|  |  |  |
| --- | --- | --- |
| Action | Date | Initials |
| Received by HR/Payroll |  |  |
| Entered onto Payroll |  |  |
| Return to work interview required |  |  |