# **SICKNESS SELF-CERTIFICATION FORM**

This form should be completed by an employee returning to work after a period of absences due to sickness of more than three working days and up to the first seven calendar days of any absence even where a doctor’s statement has been provided. From the eighth day of any absence an employee is required to obtain a Fit Note from their GP

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| --- | --- | --- | --- |
| **Employee Name:** |  | | |
| **Post:** |  | **Payroll No:** |  |
| **School/**  **Establishment:** |  | | |

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| --- | --- | --- | --- | --- |
| **I hereby certify that I was unable to attend for work (**all days of sickness including Saturdays and Sundays must be included). | **From** |  | **To** | |
| **The reason for my absence was:**  **(Tick whichever is applicable)** | **Illness** | **Other Accident** | | **Accident at**  **Work** |

Describe illness symptoms or injury (words such as illness or unwell are not enough).

If your absence is caused by a road traffic accident or other accident in which you may be able to claim damages from a third party please give details.

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| Did you visit your doctor or hospital during this absence? **(Tick whichever is applicable)** | **Yes** | **No** |

I certify that the above information is correct to the best of my knowledge and claim any pay to which I may be entitled. I understand that any deliberate false information given by me will render me liable to disciplinary action under the School/Authority’s disciplinary procedures.

|  |  |  |
| --- | --- | --- |
| Employee’s Signature |  | Date: |