# **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.

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