Self-Certification Form - Confidential

This form should be completed if you are off sick for periods up to 7 calendar days (including days off) and must be received by your line manager within seven days of your first day of sickness. Failure to complete this form in full may result in incorrect payments.

If your sickness continues beyond the 7th calendar day you should also obtain a medical certificate from your Doctor and submit this to your line manager immediately.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Personal Reference No |  |  |  |  |  |  |
| Surname |  | | | | | |
| Forename(s) |  | | | | | |
| Position Title |  | | | | | |
| Directorate |  | | | | | |

Time & Date of Sickness

|  |  |
| --- | --- |
| Time notified of sickness |  |
| Start date of sickness |  |
| End date of sickness |  |
| The reason for my absence was: *(state any illness symptoms or describe injury or other incapacity)* | |
|  | |

|  |  |  |
| --- | --- | --- |
| Please take care in completing the following *(please tick)* | | |
|  | Yes | No |
| 1. Was you absence due to an accident at work? |  |  |
| 1. Did you visit a Doctor during the absence period? |  |  |

I declare that the information I have given is correct

|  |  |
| --- | --- |
| Signed | Date |
|  |  |

Warning – Disciplinary action which may lead to dismissal will be taken against anyone knowingly making a false statement.

Send the completed form to your manager who will attach the form to the sickness record in iTrent.

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| Version Control | Changes Made | Author |
| Version 1 – May 2024 | W&F council format | HR/OD |