



COLEG POWYS

PERSONNEL
Ref: SC1
Date June 06
Edition: 1

SICKNESS - SELF-CERTIFICATION FORM

This form should be completed by an employee who has been absent due to sickness in the following circumstances:

- for a continuous period of between one and seven calendar days.
the first seven days of any longer absence. In this case it should submitted with the first doctor's statement. Where the doctor's statement covers the first seven days, the self-certification is not necessary.

The form must be completed immediately upon return to work and passed to the Line Manager who will forward to the Personnel Section.

N.B. Employees are reminded that failure to complete a self certification form may result in no pay for the period of absence.

Full Name: _____ Date of Birth: [Date Mth Year]
[] [] []

Section / Department: _____ Staff No: _____

Normal contracted days of work (please tick)
M T W TH F

A PERIOD OF SICKNESS

Date you became unfit for work (The entire period should be stated including weekends and/or other non-working days)
[] [] [] [] []

Date and time you last worked [Time am/pm] [] Day [] [] []

B RETURNING TO WORK

Last date you were unfit before returning to work (Include week ends and other non-working days)
[] [] [] [] []

Date and time you returned to work [Time am/pm] [] Day [] [] []

C DETAILS OF SICKNESS / INJURY Give reason for absence. Words like illness or unwell are not enough.

D DECLARATION: I declare that the information above is complete and correct.

Signed: _____ Date: _____
(Employee)

Line Manager Comments: _____

Signed: _____ Date: _____
(Line Manager)