

SICKNESS ABSENCE SELF CERTIFICATION STATEMENT

It is a contractual requirement that all employees provide details of sickness absence from the first day of absence.

This form is intended to cover absence from work for a period of up to 4 working days that has not been covered by a medical certificate

Name:	
Job Title	
School	
Reason for sickness:	
Date sickness began:	
Date sickness ended:	

Was your sickness related to an accident at work or an industrial injury?

☐

Yes

☐

No

Please complete this form and pass it to your manager on the day you return to work.

Further Action /Remarks

--