

Self-Certification Form

This form should be completed by employees and managers, and a return to work discussion held following all periods of sickness absence, as soon as possible following the employee's return to work. For periods of sickness absence of 8 days or longer, a Fit Note must also be obtained.

Record of absence. To be completed by the employee.

Employee Name

Assignment Number

Job Title

Team

First Date of Sickness

 AM/PM

Last Date of Sickness

 AM/PM

Working Days Absent

Working Hours Lost

Reason for Absence

Is absence due to a work related injury/ activity/ incident?

Yes No

If YES, enter details onto the Accident Recording System.

Record of Return to Work Discussion. To be completed by the manager in line with the Sickness Absence Management Procedure.

Have any of the following indicators been reached?

3 episodes or more in the last 6 months 5 episodes or more in the last 12 months 10 days or more in the last 12 months

Details of Return to Work Discussion, and any agreed actions, should be noted below.

If YES to any indicators, refer to Sickness Absence Management Procedure.

Signed by Employee

Date

Signed by Manager

Date

Record the absence on Your HR, Manager Self Service (if available) This document should be uploaded to the employees HR –ER record, Attendance section.