NHS
Tower Hamlets
Clinical Commissioning Group

SELF CERTIFICATE FORM

Note for Manager

This form should be retained locally – any absences should be included on the monthly absence return spread sheet.

This form is to be completed by the employee for all periods of absence up to and including seven calendar days.

To be completed in block capitals.

First Name		
Surname		
Reason for absence (brief Description)		
Team		
Employee Assignment Number		
Dates to and from absence		
Was absence due to an accident at work?	Yes	No
If yes, was an incident form filled in?	Yes	No
Date of return to work		

Declaration

I declare that the information given is full and true to the best of my knowledge and is in no way misleading. I understand that if I give false information I can lose my entitlement to sick pay and disciplinary action may be taken and the matter may be referred to the Local Counter Fraud Service.

I confirm that I have not undertaken paid work elsewhere during this period or engage in activities inconsistent with declaring myself unfit for work and understand that such a matter would be referred to the Local Counter Fraud Service and disciplinary action may be taken.

Signed:

_____ (employee) Dated: _____

Received by Manager on: _____

Signed by Manager: _____