

Self Certification Form

Employee's Statement of Sickness

Please complete and submit this form to your manager for periods of sickness up to 7 calendar days. **ABOUT YOU**

Surname:

(Please print)

Other names:

.....

(Please print)

Position:

Directorate/

Ward:

ABOUT YOUR SICKNESS

Dates of sickness:

These may include days when you do not usually work **and will include Saturday and Sunday:**

From: To:

Please give brief details of your sickness:

.....

.....

.....

.....

.....

Signed: Date: