Self-certification Absence Form

As soon as you return to work after sickness, you must complete the self-certification form covering the first seven days of absence. Your entitlement to statutory sick pay will depend on the evidence of sickness you provide below. The period of sickness dates must be the first and last days of your actual sickness, even if these occurred on a weekend, public holiday or other day you would not normally work. Please return your completed form to your Line Manager.

Name of employee	Post title	
Payroll Number	School	
First day of absence Last day of absence Date of return to work		
Total time absent	days	hours
This form must be completed by each employee on return to work following an absence of less than seven days. Please give details of the reason for your absence (“sick” or “illness” is insufficiently detailed) When did you notify the school of your sickness? Whom did you notify? Did you consult your doctor? **Yes / No** Did you obtain a medical certificate? [if so, please attach] **Yes / No**		
Please provide any further relevant information		

The following information is required to ensure the health, safety and welfare at work of yourself and others.

Are you taking any medication? **Yes / No**

If so, please provide details

If so, have you been advised of any side effects that could affect your work or may be a safety hazard? **Yes / No**

If so, please provide details

Declaration

I certify that the above is a complete and accurate record of my sickness. I understand that if I provide inaccurate or false information about my absence, with the intention to mislead, this will result in disciplinary action and will affect my entitlement to sick pay.

I understand these details will be held in confidence by the Company and may be used for the following purposes in compliance with the Data Protection Act 1998:

- Ensuring the health, safety and welfare at work of myself and other workers
- The avoidance of discrimination on the grounds of disability
- Maintaining SSP
- Supplying information on accidents where industrial injury benefits may be payable
- Ensuring the school is able to monitor and deal fairly with attendance and absence issues.

Signature: _____ Date: _____

For completion by the line manager

Has a return to work interview been held? **Yes / No**

Authorised Signatory _____ Date _____

Name of Authoriser _____

NOTE: Data Protection Act 1998

When completed, this form may contain sensitive personal data as defined by the Data Protection Act 1998. It must be kept secure and confidential.