

Self Certification form

Please read the information and instructions shown overleaf before completing this form.

Section A - To be completed by the person taking notification of absence & pass to the employee to complete Section B

Name:.....School/Centre:.....
(Employee reporting sickness)

Date first unfit for work:.....Expected length of absence:.....
(including Saturdays and Sundays)

Reason for absence:.....

Action required during absence e.g. deadlines to be met, meetings: Notified Head/Manager

Please specify reason for absence, words such as 'Ill' or 'sick' are insufficient:

Name (in capitals):..... Date and time of call:.....
(Head/Bursar/Manager taking message)

Section B - To be completed by employee on return to work & immediately passed to School/Centre Office

Date first unfit for work:.....Last date of sickness:.....
(mark as continuing if not returned by 8th day)

Date of actual return to work:.....

Please circle the days you were absent in the 1st 7 days of your absence:
(Do not enter days after the 7th day as a Doctor's Medical Statement will be required)

Week 1:	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Week 2:	Mon	Tue	Wed	Thu	Fri	Sat	Sun

Please enter the number of hours you were due to work in this period: hrs min

Please enter the number of hours you were absent due to sickness: hrs min

Did you consult a doctor? Yes No Was a Medical Statement issued: Yes No

If your absence was due to one of the following please tick the appropriate box(es)

Needed to consult a medical practitioner or attend hospital Disability related absence

Accident at work Accident involving a third party e.g. road accident, away from work

Please give details of your illness if they were not given in Section A

Please specify reason for absence, words such as 'Ill' or 'sick' are insufficient:

Employees signature:..... Date:.....

Section C - To be completed by the Head/Bursar/Manager

If the absence was due to an accident at work has an accident form been completed? Y N

If the doctors Medical Statement made recommendations, has a risk assessment been completed? Y N

I am satisfied that the details given above are correct I have conducted a return to work meeting on:
(date)

Please provide comments from return to work meeting:

Completed by:..... Print:..... Date:.....
(signature) (in capitals)

Completing the form

Section A

- If the employee does not call in themselves, then record the name of the caller and their relationship to the employee.
- Reason for absence – this does not need to be in detail at this stage, i.e. if the caller says the reason is personal then write confidential. Words such as 'ill' or 'sick' are not sufficient descriptions.
- Tick the box to indicate that the Head Teacher has been informed of the absence and pass to the designated contact in your area, who deals with absences.

What you must do if you are sick

Day 1 of absence

On your first normal working day notify the Head Teacher of your absence, **stating the day on which you became ill**, briefly why you are unfit for work, and your likely date of return to work.

This should normally be within one hour of your time for commencing work. If you have a reasonable idea of how long you are likely to be off work then you should let the Head Teacher know. Whatever your length of absence please keep in contact with the Head Teacher.

You must complete the self certification form for any period of absence, including half days or any part of a day.

Day 8 of absence

On the eighth day of illness, obtain a doctor's Medical Statement and send it to the Head Teacher.

Continuing illness

If you continue to be ill obtain a doctor's Medical Statement, as necessary, please send them to the Head Teacher.

You should make sure that you have a Medical Statement from your doctor stating that you are fit to resume work. Please ensure that a risk assessment is completed where the doctor's Medical Statement suggests adjustments or actions.

Helpful information

- Statutory sick pay (SSP) will be paid to full-time and part-time employees who pay class 1 national insurance contributions. Married women and widows paying the lower rate of class 1 national insurance contributions are included.
- Certain groups of employees are excluded from SSP. If you are one of these, you will be notified in writing if you have four or more days' sickness. You will then be advised to claim state sickness benefit from the local Department for Work and Pensions.
- If your illness goes beyond 28 weeks, you will be notified in writing of your transfer to sickness benefit.
- When you notify your Head Teacher you will be asked to state:
 - the date on which you first became ill, which may be different to your first day of absence from work;
 - why you are unfit for work - simply stating that you are "unwell" or "ill" is not sufficient - and a brief description of your incapacity will be required.
- For SSP purposes, payroll must know the first day you actually became ill even if this is a rest day, Saturday/Sunday/bank holiday, etc.
- A copy of your self certification form and the original doctor's Medical Statement(s) will be placed on your personal file.