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| **Sickness or Injury Self-Certification Form** |

For absences up to and including 7 calendar days (inclusive of weekends and non-working days), employees are required to complete this form to self-certify their absence from work due to illness or injury. The form should be completed on the employee’s return to work and sent electronically to their line manager.

For absence lasting 8 or more calendar days (inclusive of weekends and non-working days), the employee must obtain a Fit Note from their GP or healthcare professional covering the period of absence and stating the reasons for absence *(See the Sickness Absence Policy and Procedure).*

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| **Employee Details** |

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| **Full Name** |  |
| **Job Title** |  |
| **Faculty/Directorate** |  |

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| **Dates of Absence** |

When you calculate the number of days that you’ve been off sick, you need to count all the days in a row you’ve been sick, regardless of whether you work part time or full-time days or compressed hours (inclusive of non-working days, weekends, and bank holidays).

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| **First Date of Sickness (The date your symptoms started)** |  |
| **Last date of Sickness (The last date of your symptoms)** |  |
| **First Date of Absence from Work** |  |
| **Return to Work Date** |  |

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| **Nature of the Sickness or Injury** |

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| **My absence was caused by the following illness or injury.** |
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| **If caused by injury, specify how it occurred e.g., car accident. Please note if the accident occurred at work and the details.** |
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I certify that I was unable to attend work due to the above reasons of illness or injury.

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| **Employee Signature** |  |
| **Date** |  |