1. **SICKNESS ABSENCE SELF-CERTIFICATE**

Self-certification is required for ALL periods of absence up to and including seven days, after which a doctor’s medical certificate will be required.

**PRIVATE & CONFIDENTIAL**

**NAME: Dr/Mr/Mrs/Miss/Ms:**

**JOB TITLE:**

**PERIOD OF SICKNESS**

**First day of absence:**

**Last day of absence:**

**Date of return to work:**

**Vaccination details………………………………………………………………………………………………….**

**DETAILS OF SICKNESS:**

**I was un-fit to attend for work for the following reason:**

***(Please be specific e.g., influenza, cold, cough, fever etc. It is not acceptable to state “sick” or unwell”)***

**DECLARATION**

**I declare that I have not worked during the period of sickness stated above and that the information given is factually correct.**

**EMPLOYEE'S SIGNATURE:**

**DATE:**

**COMPANY SIGNATURE:**

**DATE:**

**N.B. The completed form should be returned to Human Resources**

**RETURN TO WORK INTERVIEW FORM**

**\* \* \* CONFIDENTIAL \* \* \***

**Return to Work Discussion**

|  |  |
| --- | --- |
| **Date of discussion** |  |

**Method of discussion**

**Face to Face**