**Self Certification Form**

This form should be completed if you are off sick for periods up to **7** calendar days (including days off) and must be received by your line manager within seven days of your first day of sickness.

If your sickness continues beyond the **7th** calendar day you should also obtain a medical certificate from your Doctor and submit this to your line manager immediately.

**Basic Details**

|  |  |
| --- | --- |
| Name  |  |
| Position:  |  |
| Parish/Team: |  |

**Absence Details**

I certify that I was unable to attend work due to sickness/ injury from ……../……/…… to

……/……/…….. inclusive (including non-working days)

|  |  |
| --- | --- |
| Please detail reasons for absence.  |  |
| I can confirm that the total working days lost during this sickness absence episode was |  Days  |
| Was this absence related to a workplace accident or incident?  |  **Yes**  |  **No** |
| If Yes, please confirm who this was raised with?  |  |

**Absence Notification**

|  |  |
| --- | --- |
| Date of absence notification  |  |
| Method of notification (i.e. phone call, email, text message) |   |
| Absence notified to (Name and Title) |  |

**Declaration**

|  |
| --- |
| I hereby sign to confirm that the details provided above are true and accurate. Signature: ………………………………………………………..……Date: ……..................  |