

**ABSENCE DUE TO SICKNESS FORM**

***TO BE COMPLETED BY THE EMPLOYEE***

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| Section 1: INSTRUCTIONS | | | | | | |
| This Self-Certificate Form must be completed if you have been absent from work due to sickness.  If your absence continues for more than 3 days you must also provide your manager with a Doctors Statement to cover this absence in addition to this Self-Certificate Form, as failure to do so will result in non-payment of that absence.  Please ensure you complete this form to cover any length of sickness absence up to including one-day absences.  As soon as you return to work, you will be asked to meet with your manager for a Return to Work discussion and complete this form with her/him. In cases of long-term sickness where this is not possible, your manager will send this form to you for completion to be returned to them as soon as possible. | | | | | | |
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| Section 2 PERSONAL DETAILS | | | | | | |
| Name: | | | Club: | | | |
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| Section 3 YOUR ABSENCE DETAILS | | | | | | |
| First date of absence: |  | | Date returned to work: | | |  |
| Total No: of days absent: |  | | Did you visit a doctor/hospital? | | |  |
| Nature of illness/reason for absence: |  | | | | | |
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| Section 4 DECLARATION | | | | | | |
| I declare that the information given above is accurate and true and that a Return to Work Discussion took place as soon as practicably possible. | | | | | | |
| Employee Signature: | |  | | Date: |  | |
|  | |  | |  |  | |
| I confirm that I have met with the member of staff on their return to work from a sickness absence. | | | | | | |
| Managers Signature: | |  | | Date: |  | |
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