

Absence self-certification form



Full name:								Department:							
Absence period:															
First day of absence	day	month	year	Time		Last day of absence	day	month	year	Time					
Date returned to work:							Total days absent from work:								
Whom did you notify you would be absent from work?															
Full name:								Date notified:							
								Time notified:							
Reason for absence:															
Illness (please provide brief details below)															
Compassionate leave (provide relationship and details below)															
Parental leave (prior approval required from HR)															
Medical appointment (provide details and specific time you will be absent from work)															
Other (jury service, maternity-related absence etc)															
Details:															
Did you seek medical attention/advice?															
						Yes		No							
Do you have a 'Not fit for work note' for this absence?															
						Yes		No							
I declare that the information provided is correct to the best of my knowledge. I understand that if I provide false information, this may lead to a reduction in sick pay and/or disciplinary action.															
Employee's signature:												Date:			
Line manager review															
Sick pay is paid in accordance with SSP directives. Additional amounts paid are at the discretion of the directors.															
Paid absence <input type="checkbox"/>				Unpaid absence <input type="checkbox"/>				SSP absence <input type="checkbox"/>							
Line manager signature: _____										Date: _____					
HR review															
Logged onto staff absence calendar:						Yes <input type="checkbox"/>									
Salary deduction made (if applicable):						Yes <input type="checkbox"/>				Date deducted:					
HR manager signature: _____										Date: _____					