



Sickness Absence Policy, Procedure and Guidance
PSL 100 Sickness Absence Self Certification Form

Please complete this form when you return to work following any period of sickness absence.

PART 1

Name _____ Personal No. (see Payslip) _____

I certify I was unable to attend work due to sickness on:

First day of absence _____ Last day of absence _____

(include Saturdays, Sundays and Bank Holidays)

Reason for absence _____

If you believe the absence was due to an accident or incident at work, please ask your Manager or Human Resources for a PSL100A form and complete an Accident/Incident Form.

I declare that I have not worked during the period of sickness as stated above and that the information is true and accurate to the best of my knowledge. I understand that any false information may result in action in line with the Company's Disciplinary Policy, Procedure and Guidance.

PART 2

Enter below all days of the above absence which are part of your normal working weeks, i.e. days that you would have been at work had you not been sick.

Part-time employees and those who work shifts should indicate the number of hours normally worked on those days.

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
Week 1							
Week 2							
Week 3							

Use second form if period of absence covers more than 3 weeks.

Signed _____

Date _____

PART 3 (to be completed by Line Manager)

I confirm that the above is accurate. I have completed a RTW Interview, a copy of which has been placed on the Employee File.

Signed _____

Date _____