Self Certification Form Employee’s Statement of Sickness

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| **Please complete and submit this form to your manager for periods of sickness up to 7 calendar days. *ABOUT YOU***  Surname: ................................................................................................  (Please print) Other names:  ................................................................................................  (Please print)  Position: ................................................................................................  Directorate/  Ward: ................................................................................................ |
| ***ABOUT YOUR SICKNESS***  Dates of sickness:  These may include days when you do not usually work ***and will include Saturday and Sunday:***  From: To:  Please give brief details of your sickness:  **............................................................................................................**  **......................................**  **............................................................................................................**  **.....................................**  **............................................................................................................** |
| **Signed: ................................................. Date: ....................................** |