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: ....................................** |