

SELF-CERTIFICATION /RETURN TO WORK FORM*

This form must be completed after any period of sickness absence to cover all periods of sickness from the first to the seventh calendar day inclusive.

* If you have been absent for more than seven calendar days and have previously submitted an SC2 form, please delete reference to 'Self Certification'.

This form must be completed on the first day of return to work. If you knowingly provide false information, disciplinary action may be taken.

To be completed on your first day back at work

Surname: _____ Forenames: _____

Date of Birth: _____ **Staff Number:** _____

Job Title: _____ Faculty/School/Dept: _____

Address: _____

_____ Telephone No: _____

I certify that I was unable to attend work due to sickness

From: _____ To: _____

(To include Saturday and Sunday where the absence spans a weekend)

Date Returned to Work: _____

Shift Workers / Job Sharers etc

(Please note any off days/rest days) _____

Reasons for absence (please specify the nature of your illness/symptoms):

Absence previously notified as personal to Human Resources

Please tick if applicable

I did / did not consult my doctor during my absence (please delete as applicable)

More about your sickness

Was your sickness caused by: an accident at work - Yes / No *

an industrial disease - Yes / No *

**Delete as appropriate*

I certify that, to the best of my knowledge, the details I have given are correct

Signed: _____ **Date:** _____

