



SICKNESS ABSENCE SELF-CERTIFICATE

Self certification is required for ALL periods of absence up to and including seven days, after which a doctor's medical certificate will be required.

PRIVATE & CONFIDENTIAL

PLEASE USE BLOCK LETTERS

NAME: Prof/Dr/Mr/Mrs/Miss/Ms.....

ADDRESS:.....

.....

SCHOOL/DEPARTMENT OR SECTION:

JOB TITLE

PERIOD OF SICKNESS

First day of absence:

Date of return (if known)

DETAILS OF SICKNESS/INJURY

I was unfit to attend for work for the following reason:- (e.g. influenza, rheumatism, injury at work, etc)

.....

DECLARATION

I declare that I have not worked during the period of sickness stated above and that the information given is factually correct.

EMPLOYEE'S SIGNATURE

DATE

HEAD OF SCHOOL/SECTION SIGNATURE

DATE

N.B. The completed form should be returned to -
Human Resources, Lord Balerno Building