



# SelfCert: Sickness Absence Self-Certification Form

**This form must be used to certificate all periods of absence up to 7 calendar days duration.**

Medical certification is required for periods of absence of 8 or more days.

- Please ensure that you read our detailed guide to notifying and certifying sickness absence (available from the HR Office or at <https://intranet.london.ac.uk/855.html> and are familiar with your responsibility to notify sickness absence, maintain contact with your manager during absence and submit self and/or medical certification within the required period.
- To ensure appropriate calculation of your entitlements, please ensure you complete the form clearly and legibly and ensure that you only report absences qualifying as sickness absence (e.g. not medical/dental appointments).**

<b>Title:</b> (i.e. Mr, Mrs, etc)		<b>Forenames:</b> (in full)	
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<b>Surname:</b> (in full)		<b>Date of Birth:</b>	<b>Day</b>	<b>Mon</b>	<b>Year</b>

<b>Hall / Institute / Department:</b> (state Nufford House rather than 'kitchen', UoLIA rather than 'Laws' etc)		<b>Payroll No:</b> (if known / see payslip)	
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**I was unfit for and absent from work as a result of ill-health, injury or other disability for the following period:**

	<b>Day</b>	<b>Mon</b>	<b>Year</b>
<b>From</b> (date of first day of absence)			
<b>To</b> (date of last day of sickness or the 7 <sup>th</sup> calendar day if sickness continues beyond the 7 <sup>th</sup> day. <b>Note:</b> A medical certificate must be submitted in respect of absence in excess of 7 calendar days.			

**Please indicate below why you are / were unfit for work; the use of terms such as 'illness', 'sick' or 'unwell' are not sufficient explanation and will not be acceptable.**

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**Are you excluded from being entitled to SSP (Statutory Sick Pay)? Please tick the box if yes** and note that you are required to produce documentary evidence of your exclusion from SSP in the form of a letter from the DSS (Dept of Social Security).

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**In order that the University may meet its statutory duties, including the duty of care for your health and safety at work and that of others, please tick to indicate that any of the following statements are true:**

<b>This absence is related to my pregnancy / childbirth:</b>		<b>My work involves food handling:</b>		<b>My work involves a significant degree of manual handling / lifting:</b>	
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**Please sign and date the form below to indicate the information you have provided is true and accurate.**

**Note:** If you have completed and signed this form on behalf of the above employee you must attach a note giving your name and commenting on the exceptional circumstances which required your assistance in this regard.

<b>Signature:</b>		<b>Date:</b>	
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**This form is confidential and must be submitted (by email, by fax, by hand, or mailed in a sealed envelope) to:  
HR Office, Ground Floor, Senate House, Malet Street, London WC1E 7HU. Fax: 020 7862 8080 / Email: SelfCert@lon.ac.uk**

<b>HR OFFICE USE ONLY</b>	<b>Record to Code</b>	<b>Notes and Comments</b>