



# Risk Management Security Services

## Self Certification of Illness

This form should be completed for all periods of sickness less than seven days. Please remember that if you do not complete one of these forms when you are unwell then the absence will be recorded as a blowout / unauthorised absence. If you are off work for seven or more days then you will require a sick note from your Doctor.

### About You

Last Name:

First Name:

Site No:

PIN No:

### Self Certification

What date did your sickness begin? *(This is the first day you missed due to sickness)*

What date did your sickness end? *(This is the date you felt better, even if a rest day)*

What date did you return to work? *(This is the day of your first shift back on site)*

### Details of your absence

Reason for absence:


Please explain why you were absent, giving details of the nature of your illness, and any treatment required.

You must provide appropriate information and not simply write 'ill, sick or unwell'

### Acknowledgement

I hereby certify that I was unable to attend work / was unfit for duty as detailed above. I also confirm that the information provided here is true and an accurate statement of the events. I acknowledge that any false or untrue statements will result in disciplinary action and information may be passed to HMRC if SSP has been paid.

Signature (Employee):

Date:

Signature (Manager):

Received Date: