Human Resources

**Employee Self-Certification Form**

This must be completed on the first day back to work and returned to the colleague in the School/Service responsible for maintaining sickness records. Absences from work that are longer than 7 calendar days will require a Fit Note.

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| Section 1 Confidentiality |
| The information provided in this form will be treated with strict confidentiality. It will only be shared for the purpose of processing your absence and in accordance with university policy.Sickness absence information is held electronically and will be processed in accordance with the Data Protection Act 2018 and the General Data Protection Regulations. The data will be used for statistical analysis in an anonymous form to help meet the University’s obligation to ensure the health, safety and welfare at work of all colleagues.  |

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| Section 2 Employee Details |
| **Last name** Enter name here | **First name(s)** Enter name here |
| **Section/Department** Enter text here | **Staff Payroll Number** Enter text here |

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| Section 3 Length of Absence |
| **First day of Sickness**  Enter text here | **Full day / half day:** Choose an item. |
| **Last day of sickness** Enter text here | **If half day:** Choose an item. |
| **Total number of working days absent**  Enter text here |

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| Section 4 Reasons for Absence |
| **Reason for Absence:** Choose an item. If none of the above reasons are appropriate, please use Other and give details: Enter text here |
| **Did you receive medical treatment during your absence?** Enter text here |
| **If so, please state where and when:** Enter text here |
| **Do you believe that your illness is as a result of an occupational injury/disease?** Choose an item. |

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| Section 5 Declaration |
| I declare that the above statement is true and accurate to the best of my knowledge. I understand that to give false or misleading information can result in disciplinary proceedings, and that a false declaration can be an offence under statute and common law. |
| **Employee’s Signature** | Enter text here |
| **Supervisor/Line Manager’s Signature** | Enter text here |