 **Self-Certification Sickness Absence Form (Timesheets)**

This form must be completed for all periods of sickness absence. If the absence is for less than 7 days the form can be completed upon return to work. A Statement of Fitness to Work must be obtained and sent immediately to your line manager if your sickness lasts more than 7 calendar days. For all such absences you will be required to complete this form in respect of the first 7 days either during your absence or on your return to work.

## To be completed by the employee:

**Name** **Staff Number**

I certify that I was absent from work due to sickness during the period stated below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **First Day Absent** |  | **Last Day Absent**  |  | **Number of working days / hours absent** |  / |

**If you are paid via timesheets please tick here and obtain line manager signature below \***

Reason for absence was as follows: **(tick only ONE box for the main cause)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Asthma** |  | **Headache/ migraine** |  | **Back problems *(e.g. sciatica)*** |  |
| **Chest/respiratory problems** |  | **Nervous system disorders** |  | **Other musculoskeletal problems (exc. Back)** |  |
| **Cancers and tumours** |  | **Blood disorders (e.g. anaemia)** |  | **Infectious diseases (e.g. Shingles)** |  |
| **Cold, cough, flu** |  | **Heart, cardiac & circulatory** |  | **Pregnancy-related**  |  |
| **Diabetes and other endocrine or glandular.** |  | **Operation/recovery/ medical appointment** |  | **Skin disorders** |  |
| **Ear, nose, throat** |  | **Burns frostbite, hypothermia** |  | **Stomach/ digestive/ gastrointestinal** |  |
| **Dental & Mouth** |  | **Injury, fracture** |  | **Other (Only be used if the reason for sickness absence is not listed)****Details** |
| **Eye problems** |  | **Anxiety** |  |
| **Genitourinary/gynaecological disorders, excl. pregnancy** |  | **Depression** |  |

**If this absence is related to a Disability1 please tick** 🞐

**1**A person is 'disabled' where they have a physical or mental impairment, and the impairment has a substantial and long-term adverse effect their ability to carry out normal day-to-day activities'. (Section 6(1) Equality Act 2010) Substantial means neither minor nor trivial, long term means that the effect of the impairment has lasted or is likely to last for at least 12 months. Some conditions, such as hay fever, are specifically excluded.

By signing this form you are giving consent for the personal data supplied on this form to be held in accordance with the requirements of the Data Protection Act and used for the purposes of calculating occupational sick pay entitlement, occupational health monitoring and to monitor individual absence levels/trends

**Declaration** I declare that I have not worked during the period of sickness stated above for the University or any other employer, and to the best of my knowledge the information above is factually correct.

|  |  |  |  |
| --- | --- | --- | --- |
| Employee’s signature |  | Date |  |

**\*** I confirm that this accurately reflects the hours of sickness absence and that any sick pay entitlement should be paid.

|  |  |  |  |
| --- | --- | --- | --- |
| Managers signature |  | Date |  |