# Self-Certification Form

This form should 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. However, if the absence continues for longer, the form should be sent to the employee to complete, or be completed by the line manager and confirmed by the employee at the earliest opportunity.

**a) To be completed by the employee: (Please refer to notes below when completing this form)**

**Employee Name:**  **SAP Personnel Number:**

**Service:**  **Post Title:**

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

Date sickness absence started\*: Date sickness absence ended\*:

Number of working days absent:

(For absence monitoring purposes)

* \* Please note that all days should be counted, not just working days, in line with Statutory Sick Pay requirements.
* If the absence was for more than 7 days, please attach to this form a medical certificate from your GP.

My reason for absence was as follows: (please tick appropriate box)

| Viral Infection | □ |  | Stomach, Liver, Kidney &  Digestion (inc. diarrhoea,  vomiting and stomach upset) | □ |
| --- | --- | --- | --- | --- |
| Eye, Ear, Nose and Mouth/  Dental | □ |  | Back Problems | □ |
| Stress/depression/Mental  Health/Fatigue Syndrome (inc.  anxiety, nervous debility/disorder  & M.E.). Other Mental Health Reason | □ |  | Other Musculoskeletal  Disorders (inc. neck,legs,feet,  arms or hands; also joint problems  such as arthritis) | □ |
| Work Related Stress | □ |  | Critical Illness (inc. cancer,  major organ transplant, stroke  etc) | □ |
| Migraine/Headache | □ |  | Surgery Related Absence | □ |
| Cold/Flu (inc. coughs, throat  infections, etc) | □ |  | Accident at Work | □ |
| Chest, Respiratory (for example  asthma, bronchitis, high fever). | □ |  | Accident outside work | □ |
| Heart, Blood Pressure,  Circulation | □ |  | Gynaecological / Menopausal | □ |
| Substance Misuse | □ |  | COVID-19 | □ |
| Other reasons for absence  (This code should only be used  if the reason for sickness absence  is not listed above) | □ |  |  |  |

## Notification of Illness

If for any reason you are unable to come to work due to ill health, you must notify your line manager giving the reason as quickly as possible on that day. Immediate notification is important and delay could jeopardise your pay entitlement. If your absence continues after the third working day you must contact your line manager as to the nature and possible duration of your illness. This form is to be completed on your first day of return to work.

A medical certificate 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 (in which case the form will be sent to you) or on your return to work.

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**PURPOSE**

The purpose of keeping sickness absence records is to monitor overall sickness absence trends across the authority (without identifying individual cases) and to enable line managers to monitor individual absence levels/trends, discussing with and supporting employees where issues are identified. In addition, the Council must meet statutory obligations in relation to sick pay and statistical returns for example, Best Value Performance Indicators. All records are kept confidentially and access to them restricted. From 1 April an employee will be able to view their individual absence record through Employee Self Service on SAP or via their line manager.

**DATA PROTECTION**

The information given in this form will be processed for calculating sick pay entitlements and absence monitoring purposes in accordance with the Data Protection Act and associated legislation.

**NOTE**

In accordance with the relevant conditions of service, the Council may, at its discretion, refer an employee to the Occupational Health Physician or other medical practitioner as appropriate. Medical evidence relevant to periods of absence may also be obtained from an employee’s doctor by a doctor nominated by the County Council with the employee’s consent. Any referral will have regard to the provisions of the Access to Medical Reports Acts 1988. The intention is to provide individuals with a measure of access to medical reports provided by their doctors. This is achieved by giving individuals a right to see, comment on and consents to the provision of such reports.

If the County Council for any reason withholds Statutory Sick Pay, the employee will have the right to appeal through the agreed procedure.

**DECLARATION**

I declare the reasons shown for my absence and the information given on this form is correct, to the best of my knowledge. I understand that making a false statement may result in disciplinary action being taken and sick pay being terminated.

**Signature:** **Date:**

**Full Name: (please print)**

**b) To be completed by the line manager**

I certify that I have:

* discussed this absence with the employee
* ensured that the necessary certifications are completed and retained by me
* ensured that the absence is recorded via MSS or ensured the Payroll Team has been notified using the Notification of Absence form (only where the manager does not have access to MSS)

**Signature of Line Manager:**  **Date:**

**Full Name: (please print)**

#### Updated Oct 2020