



# SELF-CERTIFICATION SICKNESS FORM

**Private and Confidential**

<b>Name</b>	
<b>Job title</b>	
<b>Line manager</b>	

If you are absent due to sickness for up to seven consecutive calendar days, this form should be completed. It should be signed by your line manager, and forwarded to the HR Manager for filing.

If your absence continues beyond seven calendar days, you must visit your GP, hospital or healthcare professional to obtain a fit note which must be provided to your manager.

<p><b>About your sickness</b>  <i>Please give brief details about your sickness</i></p>          
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<p><b>What date did your sickness begin?</b>  <i>Note the time you left if you worked part of a day</i></p>	
<p><b>What date did your sickness end?</b>  <i>ie the last day you felt too ill to work</i></p>	
<p><b>If you consider your absence to be work-related, please provide details here</b></p>	

<b>Signature of Employee</b>	.....
<b>Date</b>	.....
<b>Signature of Line Manager</b>	.....
<b>Date</b>	.....

Please return this form to the HR Manager at the diocesan office. More information about sickness absence, sick pay and reporting can be found in the Staff Handbook.