

**Company Self Certificate Form Return to Work Discussion Form**

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|  |  |  |  |  |  |  |  |
|  | **LOCATION** |  |  |  | **Date Absence Began** |  |  |
|  | **NAME** |  |  |  | **Date Returned to Work** |  |  |
|  | **NUMBER** |  |  |  |  |  |  |
|  | **EMPLOYMENT START DATE** |  |  |  | **Notes** |  |  |
|  | **PAY BASIS** | **FOUR-WEEKLY / MONTHLY (delete as appropriate)** |  |  |  | |  |
|  |  |  |  |  |  |
|  | **Notification To** |  |  |  |  |
|  | **Date Sickness Began** |  |  |  |  |
|  | **Date Returned to work** |  |  |  |  |
|  | **No of working days sick** |  |  |  |  |
|  |  |  |  |  |  |
|  | Self certs cover 7 days including weekends and days off. Doctors note required from the 8th day onwards | |  |  |  |
|  | **Reason for Absence** |  |  |  |  |
|  |  | |  |  | **FOOD SAFETY** (for anyone in contact with food) | |  |
|  |  |  |  |  |  |
|  |  |  | Have you had any gastro-intestinal or food poisoning related problem and how long is it since you were ill? |  |  |
|  |  |  |  |
|  |  |  |  |  |  |
|  |  |  | Have you had any sickness and/or diarrhoea? |  |  |
|  |  |  |  |  |  |
|  | Was your sickness caused by an accident at work? |  |  |  | Have you been ill following a visit to any area where there are endemic diseases such as Africa, Asia? Please give details. |  |  |
|  | Yes / No (if yes has an accident form been completed) |  |  |  |
|  | I understand that if I provide inaccurate or false information about my absence it may affect payment of sickness benefit and depending on the circumstances, be treated as gross misconduct and result in my summary dismissal from the company. | |  |  |  |  |  |
|  | **Employee Signature** |  |  |  | **Manager/HOD signature** |  |  |
|  | **Date** |  |  |  | **Date** |  |  |
|  | **This form must be completed, with your Head of Department, on your return to work, for all sickness absences lasting up to seven days. For absences in excess of seven days a doctors certificate is required.** | |  |  | **Note to managers – if the answers to the Food Safety questions is yes then consideration must be given to consulting the company’s medical representative and/or excluding the employee from contact with the production process and colleagues who have such contact.** | |  |