

## Company Self Certificate Form

LOCATION	
NAME	
NUMBER	
EMPLOYMENT START DATE	
PAY BASIS	FOUR-WEEKLY / MONTHLY (delete as appropriate)

Notification To	
Date Sickness Began	
Date Returned to work	
No of working days sick	

Self certificates cover 7 days including weekends and days off. Doctors note required from the 8<sup>th</sup> day onwards

### Reason for Absence

Was your sickness caused by an accident at work?	Yes / No (if yes has an accident form been completed)
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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	
Date	

This form must be completed, with your Head of Department, on your first day, before shift starts, for all sickness absences lasting up to seven days. For absences in excess of seven days a doctors certificate is required.

## Return to Work Discussion Form

Number of absences in last 12 months	
3 - welfare chat carried out	
4 - formal sickness absence meeting held	
More than 4 - Notify HR/People Partner	

### Notes

Continue on a separate sheet if needed

### 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?	
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Have you had any sickness and/or diarrhoea?	
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Have you been ill following a visit to any area where there are endemic diseases such as Africa, Asia? Please give details.	
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Manager/HOD signature	
Date	

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.