

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. Doctor's note required from the 8th day onwards

Reason for Absence

Was your sickness caused by an accident at work?

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	
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Date	
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This form must be completed with your Line Manager, on your first day, before shift starts, for all sickness absences lasting up to seven days. For absences in excess of seven days, please complete this form and a doctor's certificate is also required

Return to Work Discussion Form

Number of absences in the last 12 months	
Total number of days absent in the last 12 months	
2 Absences - Welfare chat carried out	
3 Absences - Formal sickness absence meeting held	
More than 10 days absence over 2 or more absences - formal sickness meeting	

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?	
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How many days has it been since you were ill?	
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Have you had any sickness and/or diarrhea?	
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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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Line Manager signature	
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Date	
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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.