SELF-CERTIFICATE OF ABSENCE

Name: …….. NI Number: ……

First Date of Absence: ……..

Last Date of Absence: ……

Date of Return to Work: ……

Number of Working Days Absence: ……

Reason for Absence ("Sick" or "ill" is not sufficient): ……

……

……..

Did you consult (please circle): GP / Hospital / Pharmacy

If yes, what advice did they give: ……

……..

……..

Are you taking any medication and/or receiving further treatment as a result of this absence:

YES / No

If yes, please give details: ……..

……

I confirm that the above details are a true representation of the circumstances of my absence from work and understand that deliberately providing false or misleading information could result in disciplinary action being taken against me which may ultimately lead to my dismissal. I am aware that the Company monitors all absence and will discuss with me if my absence is becoming a cause for concern.

Signed: …….. Date: ……..