

## Appendix C Self Certification Form

### Important - please read

You must complete this form immediately on your return to work **for all absences due to sickness**. The form must be **HANDED PERSONALLY** to your manager or designated person. Once complete, the manager should email it to the HR and Payroll inbox.

Personal Details	
Surname	
First Names	
Job Title	
School	

Period of Absence			
	Day	Date	Time*
Date you last worked			
First day of illness			
Actual date you were fit			
Date you resumed work			

*\* Note - part days where less than 40% of the shift was worked will be counted as 1 day sickness absence.*

Details of Absence
<p><b>Please state the exact nature of your illness causing your absence from work.</b></p> <ul style="list-style-type: none"> <li>• "Sick" or "unwell" are unacceptable reasons.</li> <li>• The absence must relate to your <b>OWN</b> ill health and <b>NOT</b> that of family members/dependent.</li> </ul>

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	YES	NO
Was the absence due to industrial injury?		
If YES was the injury reported by completing an Accident Reporting Form HS2(E)?		
Was the absence related to an accident or subject to a third party insurance claim for loss of earnings?		
<i>If yes please contact your HR Business Partner/HR Provider.</i>		

	YES	NO
Have you consulted your doctor?		
If YES please provide details of appointments e.g. date(s) of appointment(s) and outcomes:		
<i>Note: You may be required at any time to be examined by the schools Occupational Health professionals in accordance with your conditions of service.</i>		

<b>Declaration</b>	
I declare that I was unable to work during the period of sickness which I have stated. The details given by me above are, to the best of my knowledge, correct and I understand that any deliberate falsification may result in disciplinary action.	
<b>Signed</b>	
<b>Date</b>	