

Self Certification Sickness Absence Form

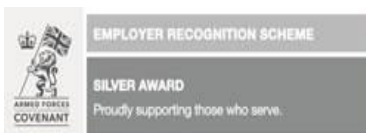
1	Your Name and Address	7	Type of sickness or disability
2	Your training organisation and department	8	a) Was absence due to an accident at work? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, was accident book filled in? Yes <input type="checkbox"/> No <input type="checkbox"/>
3	Your grade:	9	
4	Your personal number: (see pay slip)	b) Was absence due to an accident outside of work? (e.g. Road Traffic Accident) Yes <input type="checkbox"/> No <input type="checkbox"/>	
5	The period covered by this notification: From: To: (include Saturdays and Sundays)	I declare that the information given is true to the best of my knowledge. I understand that if I have given false information, I can lose sick pay benefits and disciplinary action may be taken.	
6	Date of return to work (if known):	Signature: Date:	

This section is for your Line Manager to complete:

Date notification was received:

Signature and designation:

Please return this form to the Lead Employer Trust, Waterfront 4, Goldcrest Way, Newburn Riverside, Newcastle upon Tyne, NE15 8NY.



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