

SELF-CERTIFICATION SICKNESS/ABSENCE FORM

Name, _____ Gabem Ref: _____

Dates of absence: From: _____ To: _____

Reasons for absence: _____

Did you consult a doctor? YES / NO

If YES, please provide name and address of your doctor

I hereby certify that I was absent from work between the above dates due to the reasons outlined above. I understand that I may be eligible for statutory sick pay.

Employee's signature: _____ Date: _____

Note - If sickness leave is longer than 7 days, a doctor's certificate must be produced and attached to this form.

Office Use Only

Approved - signature: _____ Date: _____

Payroll Manager's comments: _____

