

# 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_