



PROFESSIONAL CLEANING SOLUTIONS

SICKNESS/INJURY ABSENCE SELF CERTIFICATION FORM

GENERAL INSTRUCTIONS

- 1) This form is to be completed to cover any period of absence due to sickness or injury (including weekends and statutory holidays) up to and including 7 days on which an employee was sick or injured and was unable to carry out his/her normal work for the Company.
- 2) For absences due to sickness or injury of 8 consecutive days or more (including weekends and statutory holidays) a Doctor's Certificate must also be obtained.
- 3) The completed Self Certification form should be sent to the Proprietor and it will be retained on the employee's personnel file.

PRINT FULL NAME _____

I was unable to attend work owing to sickness/injury on the following date (mark 'S' for all days of sickness/injury):

CALENDAR MONTH: _____

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

The reason for my absence was:

I did/did not consult my GP during this absence (delete as appropriate)

SIGNATURE: _____ DATE: _____