Walton Parish Nursing

Sickness self-certification form

- 1. Fill out this form for all sickness absence of five calendar days or fewer.
- 2. For periods of sickness lasting more than five calendar days, please provide a doctor's certificate.
- 3. This form must be completed on the day you return to work and then passed to your line manager.
- 4. Line managers to initial and file in employees HR records.

Name	
Brief description of your illness	
First day of absence owing to sickness	
Date returned to work	
Number of days away from work owing to sickness	
Was your sickness caused by an accident at work?	
Signature	
Date	
Line manager initials	