# **Self Certificate** SC1

*(To be returned to the appropriate Directorate/Faculty Administrator)*

**Name** (Prof/Dr/Mr/Mrs/Miss/Ms) ………………….……………….…... Employee No……………..

Present address …………………………………………………….…………………………..……….

…………………………………………………………………………………………..……….………

Job title ………………………………………………………………..…………….……. P/T \_ F/T \_

| **Period of sickness** |  | Date | Month | Year |
| --- | --- | --- | --- | --- |
| Date you became unfit for work |  day |  |  | 20 |
| Date you last worked |  day |  |  | 20 |
| Time you finished work | time am/pm |  |  |  |
| **Returning to work** | Date | Month | Year |
| Last date you were unfit for work |  day |  |  | 20 |
| Date you intend to start work(if known) |  day |  |  | 20 |
| Medical Certificate obtained | Yes/No |  |  |  |
| Absence Recorded on the People XD Staff Portal | Yes/No |  |  |  |

**Nature of Illness** ………….……………………………………………………….………………...…

*(e.g. asthma, flu etc - words like "illness" or "unwell" are not enough)*

Please state if the absence resulted from an accident at work……………………………………..

Was the absence work related?

……………………………………………………..………………………………………………

If the absence was work related then please state what preventive measures you, or the University, could take to prevent a recurrence?

………………….…………………………………………………………………………………………

Signed.........................................................………………………………...

Date.......................................

**Notes:**

1.  Failure or delay in submitting this form may incur a loss of pay, it must arrive not later than the 8th calendar day of sickness.

2.  This form should only be completed if you are sick for 4 or more calendar days in a row and is only valid until the 7th calendar day of sickness.  If you are sick for more than 7 calendar days you must obtain a Doctor's statement.

3. Please remember if you feel unwell you should not delay in seeing your doctor.

Updated August 2023