# **Self Certificate** SC1

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

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

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 *PeopleXD* | 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?

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

I declare that the details above are correct and I have/have not received any state benefits within the last 57 days.

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. If you have received state benefit in the last 57 days please enclose any DSS exclusion letters.

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

Please use the following codes when updating sickness absence to PeopleXD:

| Code | Sickness absence description |
| --- | --- |
| 1002 | Asthma and other chest/respiratory problems |
| 1003 | Cancers and tumours |
| 1004 | Cold, cough, flu |
| 1005 | Diabetes and other endocrine/glandular problems |
| 1006 | Eye, ear, nose, throat and dental problems  |
| 1007 | Genitourinary and gynaecological disorders (excluding pregnancy) |
| 1008 | Headaches, migraines and neurological/nervous system |
| 1009 | Heart, circulatory and blood disorders |
| 1010 | Operation, recovery, medical appointment |
| 1011 | Injury, burns and poisoning  |
| 1012 | Mental health |
| 1013 | Musculoskeletal  |
| 1014 | Other infectious diseases  |
| 1015 | Other/unknown |
| 1016 | Pregnancy-related disorders |
| 1017 | Skin disorders |
| 1018 | Stomach/digestive, gastrointestinal problems |

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