|  |  |  |
| --- | --- | --- |
| Ex_Uni_Logo_Word_Forms | SICKNESS ABSENCE SELF CERTIFICATE FORM | CONFIDENTIALPD77  |

**\*\* COMPLETION OF THIS FORM IS ONLY REQUIRED WHEN BOTH THE LINE MANAGER AND EMPLOYEE HAVE NO ACCESS TO TRENT \*\***

Self-certification of all sickness absence is required. This document will meet the requirements for self-certification under Statutory Sick Pay Regulations and will be retained by the University for SSP and sickness monitoring purposes. The University’s policy on Data Protection applies.

**Part A: to be completed by Employee**

|  |  |
| --- | --- |
| College or Service in which you are employed: |       |
| Employee Name: |       |
| Employee number (from payslip): |       |
| I confirm I was absent from work – start date: |       | - end date: |       |
|  |  |  |  |

Reason(s) for sickness absence *(please be as specific as possible)*:

**You must complete the box above giving the specific reason for your absence. In addition, you must also tick one appropriate category box below for monitoring purposes:**

Backstrain, sprain, strain, muscular-skeletal [ ]  Asthma, bronchitis, respiratory [ ]

Cancer, malignancy [ ]  Blood conditions [ ]

Debility, fatigue [ ]  Cold, flu, infectious diseases [ ]

Ear, nose and throat, dental [ ]  Diabetes, thyroid, endocrine [ ]

Genito-urinary [ ]  Eye, ophthalmic [ ]

Gynaecological, obstetric, pregnancy-related [ ]  Skin, dermatological [ ]

Headache, migraine, neurological [ ]  Heart, cardiovascular [ ]

Stress, depression, anxiety, psychological [ ]  Stomach, bowel, gastric, intestinal [ ]

*(please see* [*www.exeter.ac.uk/staff/employment/leave/sickness/sicknessabsencereasons/*](http://www.exeter.ac.uk/staff/employment/leave/sickness/sicknessabsencereasons/) *for more detailed category information if required).*

Was this absence the consequence of an accident at work? Yes[ ]  No [ ]

If YES, did you complete an accident report form\*? Yes[ ]  No [ ]

Did you consult a doctor during your absence? Yes[ ]  No [ ]

|  |  |
| --- | --- |
| Signed(employee): | Date: |

|  |
| --- |
| Important information1. If you were sick for longer than seven consecutive calendar days (including Saturdays and Sundays) you are required to provide medical certificates.
2. The provision of false information may result in the withholding of sick pay and/or disciplinary action. Fraudulent claims for sick pay will be treated as gross misconduct in accordance with the University’s Disciplinary Procedure.
 |

**Part B: to be completed by the line manager in the College/Service**

|  |  |  |  |
| --- | --- | --- | --- |
| Last day of sickness absence |  | Date of return to work |  |
| Number of working days absent |  | Date of return to work discussion\*\*: |  |

If this absence was the consequence of an accident at work and the employee was off work for more than 3 working days or they needed hospital treatment, please contact Health and Safety at safety@exeter.ac.uk or Exeter 269340.

Where a person has a temporary (e.g. a broken leg) or longer term disability that may affect their ability to escape from a building in an emergency, then a Personal Emergency Evacuation Plan may be needed. To ensure that a plan is in place to assist in the event of an emergency, or for further advice, please contact the Fire Safety team via firesafety@exeter.ac.uk who will facilitate this for you.

**Notes of return to work discussion\*\*:**

*\** For an accident report form *see http://www.exeter.ac.uk/staff/wellbeing/safety/formssignsandtemplates*

*\*\** See [*www.exeter.ac.uk/staff/employment/leave/sickness/managing/*](http://www.exeter.ac.uk/staff/employment/leave/sickness/managing/)

|  |  |
| --- | --- |
| Signed(line manager): | Date: |

**Please return this form to your College/Service Sickness Co-ordinator as soon as possible.**