

Private & Confidential

Self Certified Sick Leave

Fax completed form to 01775 822375



* Please delete as applicable

Surname Forename (s)

Where Working Company Name
Address
Supervisor

I Wish to Self Certify as Sick for the Period Below

First Day & Date of Absence
Last day & Date of Absence
Normal hours of work: from am/pm* » to am/pm*
If absence was for a part day, please give time you went off sick: am/pm*

Reason for Absence

Give full details including symptoms
.....
.....
.....

Was the absence due to an accident at work: yes/no*
If yes, please give details:
.....
.....

Have you consulted a Doctor, Hospital or other medical person: yes/no*
If yes, please give details:
.....
.....

Declaration: I certify that the information given is accurate and complete.

.....
Signature of Temporary Worker Date