

Sickness Self Certificate

CHRIS/62

All employees should use this form to report all sickness absences to their departmental administrator or head of institution. After seven calendar days' absence, you need a medical certificate from a doctor. Information on the University's Sickness Absence Policy is available on the Human Resources Division website.

PART 1 – SICKNESS DETAILS

To be completed by the employee

Section A – Staff Details

1. Full name
2. Faculty / Department
3. Position Held

Section B – Absence Details

We need to ask for the reason for absence because the University has a duty of care towards its employees. For example, if your work is likely to exacerbate your condition we need to consider whether any adjustments to your work are justified.

Questions 4 and 5 should **include** weekends and other non-working days. This is required to ensure the correct calculation of statutory sick pay.

If you do not work standard working hours "AM" should be used for absences during the first half of your working day and "PM" for the second half.

4. First day unfit for work
5. Last day unfit for work
6. Date returned to work

Tick if half day
AM PM

7. Reason for absence	Tick one
Back, muscle or joint strain	<input type="checkbox"/>
Blood disease	<input type="checkbox"/>
Cancer	<input type="checkbox"/>
Chest/breathing difficulty	<input type="checkbox"/>
Cold or Flu	<input type="checkbox"/>
Covid-19 (Coronavirus)	<input type="checkbox"/>
Dental problem	<input type="checkbox"/>
Ear, nose or throat problem	<input type="checkbox"/>
Eye problem	<input type="checkbox"/>
Gland/hormone problem	<input type="checkbox"/>
Headache/migraine	<input type="checkbox"/>
Heart or circulation problem	<input type="checkbox"/>
Infection	<input type="checkbox"/>
Injury	<input type="checkbox"/>
Mental health/stress	<input type="checkbox"/>
Nerve problem	<input type="checkbox"/>
Pregnancy-related problem	<input type="checkbox"/>
Skin problem	<input type="checkbox"/>
Stomach or gut problem	<input type="checkbox"/>
Swine Flu	<input type="checkbox"/>
Other	<input type="checkbox"/>

8. Give details of treatment received, together with details if you ticked "Other" above

9. If accident, give details

10. Is the condition new or recurrent?

New

Recurrent

Section C – Other information needed for payroll purposes

If you have been absent and in receipt of Employment and Support Allowance, please enclose any linking letter you may have received.

11. If your employment has recently begun, tell us if you have received any of the following in the eight weeks leading up to your absence?

Statutory sick pay
Statutory maternity pay
Employment and Support Allowance
Statutory adoption pay

12. Are **all** of the following things true: (a) you are pregnant; (b) your absence is related to your pregnancy; (c) you are in the final four weeks before your expected date of childbirth?

Yes No

I confirm that I was unfit for work due to sickness in the period stated above and that the information I have given is correct and complete. I understand that this information will be used to record my absence and calculate my entitlement to pay.

Signed _____ Date _____

Now hand this form to your head of institution or departmental administrator.

PART 2 – CONFIRMATION OF RECEIPT

To be completed by the Head of institution or nominee

Section C – Comments

Enter any relevant comments in question 13.

If the employee has ticked any boxes in question 11, please pass a copy of this form to the Payroll Section, Greenwich House, Madingley Rise. If the employee has ticked "Yes" in question 12, then their maternity leave must now begin. Please inform your HR School Team

13. Comments

Signed _____ Name _____

Position _____ Date _____

Telephone _____

Please now enter this absence onto the CHRIS system and keep this form with the employee's personal file.