

# TES Temporary Workers' Sickness Self Certificate CHRIS/73

TES temporary workers should use this form to report all sickness absences to the Temporary Employment Service. After seven calendar days' absence, you need a medical certificate from a doctor.

## PART 1 – SICKNESS DETAILS

*To be completed by the worker*

### Section A – Worker Details

1. Surname	
2. Forenames	
3. Assignment details	

### Section B – Absence Details

We need to ask for the reason for absence because the University has a duty of care towards its workers. 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.

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

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"/>
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**

Only complete question 13 if you have ticked "Benefits agency award" in question 11.

If you have been absent and in receipt of incapacity benefit, please enclose any linking letter you may have received.

11. If your assignment 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  
Incapacity benefit  
Statutory adoption pay  
Benefits agency award

  
  
  
  

12. Details of benefits agency award

13. Are **all** of the following things true: (a) you are a pregnant woman; (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 statutory sick pay.

Signed \_\_\_\_\_

Date \_\_\_\_\_

**Now send or hand this form to the Temporary Employment Service at 25 Trumpington Street.**

**PART 2 – CONFIRMATION OF RECEIPT**

*To be completed by the TES Team Leader or nominee*

**Section C – Comments**

Enter any relevant comments in question 14.

14. Comments

Signed \_\_\_\_\_

Name \_\_\_\_\_

Position \_\_\_\_\_

Date \_\_\_\_\_

Telephone \_\_\_\_\_

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