

Temporary Workers' Sickness Self Certificate

CHRIS/73

Temporary workers should use this form to report all sickness absences e. 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

Blood disease

Cancer

Chest/breathing difficulty

Cold or Flu

Covid-19 (Coronavirus)

Dental problem

Ear, nose or throat problem

Eye problem

Gland/hormone problem

Headache/migraine

Heart or circulation problem

Infection

Injury

Mental health/stress

Nerve problem

Pregnancy-related problem

Skin problem

Stomach or gut problem

Swine Flu

Other

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

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9. If accident, give details

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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

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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 this form to the

For TES workers - Temporary Employment Service at Greenwich House, Madingley Road, Cambridge CB3 0TX or email a copy to temps@admin.cam.ac.uk.

For Casual Workers (engaged via CCWS) – please email a copy of this form to your line manager (for the assignment you are working on at the time of to this absence).

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.