CHRIS/73

TES Temporary Workers' Sickness Self Certificate CHRTES temporary workers should use this form to report <u>all</u> 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 Deta 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 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	Tick one	
	8. Give details of treatment received, together with	n details if you ticked "Other" above	
	9. If accident, give details		

	10. Is the condition new or recurrent? New Recurrent		
Section C – Other inform 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.	ation needed for payroll purposes 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 this form to the Temporary Employment Service at Greenwich House, Madingley Road, Cambridge CB3 0TX or email a copy to temps@admin.cam.ac.uk.			
PART 2 – CONFIR To be completed by the TES Teal Section C – Comments Enter any relevant comments in question 14.	MATION OF RECEIPT In Leader or nominee 14. Comments		
Signed	Name		
Position	Date		
Telephone			
Please now enter this ab	sence onto the CHRIS system and keep this form with the worker's personal file.		