TES Temporary Workers' Sickness Self Certificate

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*

<table>
<thead>
<tr>
<th>Section A – Worker Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Surname</td>
</tr>
<tr>
<td>2. Forenames</td>
</tr>
<tr>
<td>3. Assignment details</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Section B – Absence Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>4. First full day unfit for work</td>
</tr>
<tr>
<td>5. Last full day unfit for work</td>
</tr>
<tr>
<td>6. Date returned to work</td>
</tr>
</tbody>
</table>

**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

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 [ ]
- 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 – 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.