NHS Urgent Care 24

Self Certificate Form for SICKNESS

Section A – EMPLOYEE and SHIFT DETAILS to be filled in by Shift Supervisor / Rota Team/ HR

NAME OF EMPLOYEE WHO IS ILL:

Please fill in the details of the shift that that the member of staff can't fulfil.

DATE OF SHIFT _____ SHIFT TIMES _____ DUTY: _____

DATE OF SHIFT _____ SHIFT TIMES _____ DUTY: _____

DATE OF SHIFT _____ SHIFT TIMES _____ DUTY: _____

DATE OF SHIFT _____ SHIFT TIMES _____ DUTY: _____

DATE OF SHIFT _____ SHIFT TIMES _____ DUTY: _____

DETAILS OF SICKNESS:

Please fill in the reason given by the member of staff for absence

_____

_____

NAME OF EMPLOYEE RECEIVING THE NOTIFICATION:

DATE & TIME:

SIGNATURE: _____

Section B – Employee Declaration

DETAILS OF SICKNESS:

Please say briefly why you were unfit for work, giving specific details, avoid words like 'illness' or 'unwell'

_____

_____

This form is to be used for employee's sickness only. If it is the employee's relatives/children's sickness that is the reason for the absence please use the Time off for Dependants Form.

This certificate must be submitted to cover from your first day of sickness absence and can cover your sickness absence for 7 consecutive days or less.

A medical certificate (s) signed by your doctor is required to cover any period of more than 7 calendar days.

The information on this form will be used to assess your entitlement to occupational sick pay, including statutory sick pay. Further information about sick pay arrangements is available from Personnel.

I declare that I have not worked during the period of sickness stated above for Urgent Care 24 or any other employer, and to the best of my knowledge the information above is factually correct.

Employee's signature: **Date:**

Employee Number:

Section C – Line Manager

As Line Manager I confirm the dates of absence as notified above

Name:

Signature (Manager): **Date:**

☐ **PERSONNEL DATABASE UPDATED**