



PEMBROKE COLLEGE · CAMBRIDGE

SELF-CERTIFICATION OF ABSENCE

To be completed by the employee on his/her first day at work after a period of absence. If the period of sickness is more than 7 calendar days a Statement of Fitness to Work should be provided to cover the period of absence in excess of these first seven days.

NAME:
JOB TITLE: DEPARTMENT:

I was absent from work due to illness on the following dates (please include sickness at weekends):

First day of absence:

Last day of absence:

TO BE COMPLETED BY ALL EMPLOYEES. Please tick any days you would NOT have worked during the above period of absence.

Table with 7 columns: Sun, Mon, Tue, Wed, Thurs, Fri, Sat

I understand if I am absent from work with an illness which lasts for more than 7 consecutive days (including weekends), I will be required to produce Statement of Fitness to Work from my doctor in addition to this form.

Please specify reason for absence (DO NOT USE WORDS LIKE "UNWELL" OR "ILLNESS"). To be completed for all absences.

Was your absence due to a work related accident YES/NO
Did you consult a Medical Practitioner (please circle) YES/NO
Do you consider that you have a disability? YES/NO
Is the absence because of your disability? YES/NO

If you are absent from work due to sickness or injury for 4 or more days in a row, you may be entitled to Statutory Sick Pay. If you have been absent for 4 or more days in a row, have you within the 12 weeks prior to the first day of this period of sickness, claimed any State Benefits? YES/NO

Are you continuing to undergo treatment or taking any medication which may affect your ability to do your job? If yes, please give details YES/NO

DECLARATION: I certify that I was incapable of work because of my sickness/injury on the dates shown above and that this information is true and accurate. I acknowledge that false information will result in disciplinary action. I hereby give my employer permission to verify the above information

SIGNED: DATE: (Employee)

SIGNED: DATE: (Head of Department)

OFFICE USE: Rec by Payroll Rec by HR Manager