

ABSENCE CERTIFICATE		RETURN FORM	
TO BE COMPLETED BY EMPLOYEE		ON RETURNING TO WORK	
<p>You must complete this certificate for all absence (including jury service, public services and trade union duties). The Company does not require a Doctor's certificate for the first 7 calendar days of sickness related absence unless specifically requested.</p>			
Company			
Employee First Name		Surname	
Job Title		D.O.B.	
Payroll ID		NI Number	
<p>If your absence is due to sickness please enter the dates you were unfit to work, including Saturdays, Sundays and Bank Holidays.</p>			
Unfit to work FROM	Date	Unfit to work TO	Date
Normal working hours on your first day unfit to work		Date actually returned to work	
<p>Please state briefly why you are/were unfit to work. If the absence is related to an injury, please give brief details of the injury and if the absence is related to an illness or disease, employees may be able to get Industrial Injury Benefit (if the absence is not enough). If the absence is related to an accident at work or an industrial accident, please provide the following details:</p>			
Please ensure that any accident at work is entered on the company's accident book.			
<p>If your absence is/was wholly or partially attributable to an accident at work or an industrial accident, please provide the following details:</p>			
Place attended (name & address)			
Reason for attendance			
<p>Do you consider that you have a disability, as defined by the Equality Act 2010?</p>			
<p>Is the absence because of or related to your disability?</p>			
<p>If your absence was not due to sickness:</p>			
Reason:			
<p>DECLARATION I declare that I have not worked during my absence and the information given is complete and correct. I agree that the information included above will be used by the Company for a proper management of the Company and its affairs, consistent with the requirements of the relevant legislation.</p>			
Signed			
<p>NOTE:</p> <ol style="list-style-type: none">1. You should not delay in seeing your GP or treatment.2. If you have received a letter from the GP or treatment, please attach a copy of the letter to this form.3. Full details of the Company Sick Pay Scheme are contained from << >>.4. All information provided in this document will be used by the Company to make a fair assessment on entitlement to any sick pay.			

S
A
M
P
L
E