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| TREETOPS HOSPICE  Self-Certification | | | | | | |
| This form must be completed by the employee when they return to work. However, if the employee’s absence is more than seven consecutive calendar days medical certificate(s) must also be submitted at the appropriate intervals. | | | | | | |
| Employee details | | | | | | |
| First Name |  | Surname | |  | | |
| Employee Number |  | Title | |  | | |
| Department |  | Job Title | |  | | |
| Section |  | Location | |  | | |
| Reason for Absence (Please tick the box to indicate the reason for your absence) | | | | | | |
| Illness |  | | Accident that occurred whilst working for Treetops | |  | |
| Other |  | | Accident that occurred elsewhere | |  | |
| Details of Absence | | | | | | |
| Please give the reason for your absence |  | | | | | |
| Was a GP consulted? If so, please give name & address of Doctor | Yes  No | Are you fit to return to your normal duties? If not, please state why. | | Yes  No | | |
| Was your absence work related? | Yes  No | Absence From  (Time/Day/Date/Month) | | 17/01/2023 | | |
| Is your absence related to pregnancy? | Yes  No | Last Day of illness  (Time/Day/Date/Month) | | 17/01/2023 | | |
| First day of illness if not the same day |  | Total number of working days absent to nearest ½ day | |  | | |
| Notification Details | | | | | | |
| Did you notify your manager on the first day of absence? | | | | | | Yes  No |
| If absence exceeded 7 consecutive days have you submitted a medical certificate? | | | | | | Yes  No |
| If absence was due to an accident in work has it been reported to Health and Safety via an Accident Report Form? | | | | | | Yes  No |
| If you answered no to any of the above questions please provide details why not: | | | | | | |
| Declaration | | | | | | |
| * I confirm the above information is true and I am aware that false information will result in disciplinary action. * I hereby give my employer permission to verify the above information. * I certify that I have been incapable of work because of my sickness/injury on the dates shown above and that I am now fit to follow my normal duties (this includes the operation of machinery, equipment, driving and working at heights as appropriate).   Signature:       17/01/2023  PLEASE NOTE THAT YOU MAY BE REQUIRED TO COUNTERSIGN AN ELECTRONIC SIGNATURE ON YOUR RETURN  Managers Signature:       17/01/2023 | | | | | | |