

## Private & Confidential

### Self Certified Sick Leave

Fax completed form to 01775 822375



\* Please delete as applicable

Surname ..... Forename (s) .....

**Where Working** Company Name .....  
Address .....  
Supervisor .....

### I Wish to Self Certify as Sick for the Period Below

First Day & Date of Absence .....  
Last day & Date of Absence .....  
Normal hours of work: from ..... am/pm\* » to ..... am/pm\*  
If absence was for a part day, please give time you went off sick: ..... am/pm\*

### Reason for Absence

Give full details including symptoms .....  
.....  
.....  
.....

Was the absence due to an accident at work: yes/no\*  
If yes, please give details: .....  
.....  
.....

Have you consulted a Doctor, Hospital or other medical person: yes/no\*  
If yes, please give details: .....  
.....  
.....

**Declaration:** I certify that the information given is accurate and complete.

.....  
Signature of Temporary Worker Date