

Company Name .....

**SELF CERTIFICATION FORM**

Name .....

To be completed by the employee :

I was absent .....(first day of absence) to  
.....(last day of absence)

The reason for my absence was:  
**Please provide brief details, do not just put sick or ill**

If the absence was caused by an accident at work, if it was not recorded in the Accident Book, then please supply details of the accident below:

I confirm that I was absent from work for the period stated above for the reasons given. I consent to the employer using this information in connection with normal employment purposes.

Signed (employee) Date  
.....  
.....

Signed (employer or authorised signatory) Date