

### Sickness Self Certification Form

To be completed for periods of absence of four or more consecutive days, any absences over 7 consecutive days require a Fit Note from your GP, which must be promptly forwarded to Unitemps. Failure to do so will affect any Statutory Sick Payments, if eligible.

The personal details collected on this form will be processed in accordance with our [privacy notice](#) and we will share this information with the University Payroll Office.

Name .....Date of Birth.....

Payroll Number..... Tel: Number.....

Address .....

Job Title.....

Hiring Company/ Department.....

Have you visited any of the following about your sickness/injury?

GP / Hospital / NHS walk in centre/ Other medical agency (circle all that apply)

Total days of sickness.....

Date of first day of sickness.....

Date of last day of sickness .....

Date of return to work.....

Please give details of sickness/ injury:

#### Declaration

I declare that I have not worked during the period of sickness above and that to the best of my knowledge, the information is correct

Signed..... Date.....

#### Unitemps Administrator Use Only

Please sign to confirm that the dates provided are correct:

Signed: ----- Printed: ----- Date: -----

