**SELF CERTIFICATION (SICKNESS ABSENCE)**

You are required by your Conditions of Service to complete this certificate to cover your period of absence due to sickness or injury (including third party claim) from the first day of absence.

Section 1,2 and 3 to be completed by the employee.

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 1 (Personal Details)** | | | | | | | | | | | |
| **Name (in full):** |  | | | **Job Title:** | | |  | | | | |
| **Payroll No:** |  | | | **Location/School:** | | |  | | | | |
| **SECTION 2 (Details of Absence)** | | | | | | | | | | | |
| **Period of sickness/injury** | | | | **Date** | | | | | | | |
| Reason for absence (Please include as much detail as possible about the nature of your sickness absence) | | | |  | | | | | | | |
| First actual day of \*sickness/injury | | | |  | | | | | | | |
| Last day of \*sickness/injury  Where the absence is not more than 7 calendar days include all days that you were unfit to work even if you were not normally working those days) | | | |  | | | | | | | |
| Expected date of return (if known) | | | |  | | | | | | | |
| Do you consider the absence to be work related | | | | **YES** |  | | | **NO** | | |  |
| Was your absence due to a road traffic accident or another accident | | | | **YES** |  | | | **NO** | | |  |
| Is this absence related to a disability as defined in the Equality Act 2010 | | | | **YES** |  | | | **NO** | | |  |
| Did you visit a Doctor during this period of absence? | | | | **YES** |  | | | **NO** | | |  |
| **N.B. If your sickness continues beyond the 7th calendar day you should also obtain a medical certificate from your Doctor and submit this to your line manager immediately** | | | | | | | | | | | |
| **Reason:** give broad indication of nature of sickness/injury (i.e. flu) This is not intended as a medical diagnosis but will be recorded as the reason for the absence. | | | | | | | | | | | |
| **SECTION 3 Declaration (to be signed by employee)** | | | | | | | | | | | |
| I declare that the above statement is true and accurate to the best of my knowledge. The implications of wilfully giving false information are governed by my Terms & Conditions of Service and I understand that I could also lose sick pay as a result of such action. | | | | | | | | | | | |
| **Signature:** | | |  | | | **Date:** | | |  | | |
| **SECTION 4 (to be completed by the Manager)** | | | | | | | | | | | |
| I can confirm that the absence is in accordance with sickness regulations and that the above information is correct. | | | | | | | | | | | |
| **Absence Reason:** | | |  | | | **Absence Code:** | | | |  | |
| **Name:** | | |  | **Signature:** | | |  | | | | |
| **Job Title:** | | |  | | | **Date:** | | |  | | |
| **SICKNESS ABSENCE CODES** | | | | | | | | | | | | | |
| **Code** | | | **Sickness Description** | | | | | | | | | | |
| 2120 | | | Allergies | | | | | | | | | | |
| 2000 | | | Anxiety Depression Stress | | | | | | | | | | |
| 2010 | | | Arthritis | | | | | | | | | | |
| 2011 | | | Asthma | | | | | | | | | | |
| 2015 | | | Back Neck Spinal Disorders | | | | | | | | | | |
| 2016 | | | Blood Disorders | | | | | | | | | | |
| 2017 | | | Bronchitis | | | | | | | | | | |
| 2018 | | | Bruises Sprains Strains Tears | | | | | | | | | | |
| 2019 | | | Burns Wounds | | | | | | | | | | |
| 2100 | | | Cancer Treatment | | | | | | | | | | |
| 2020 | | | Chronic Illness | | | | | | | | | | |
| 2021 | | | Cold & Flu | | | | | | | | | | |
| 2022 | | | Concussion | | | | | | | | | | |
| 2023 | | | Coronary Disorders | | | | | | | | | | |
| 2025 | | | Dental Disorder | | | | | | | | | | |
| 2026 | | | Dermatitis Eczema | | | | | | | | | | |
| 2130 | | | Diabetes Related | | | | | | | | | | |
| 2027 | | | Dizziness | | | | | | | | | | |
| 2030 | | | Ear Nose Throat Disorders | | | | | | | | | | |
| 2031 | | | Eye Disorders | | | | | | | | | | |
| 2035 | | | Fever | | | | | | | | | | |
| 2036 | | | Fractures - Lower Limbs | | | | | | | | | | |
| 2037 | | | Fractures - Other | | | | | | | | | | |
| 2038 | | | Fractures - Upper Limbs | | | | | | | | | | |
| 2040 | | | Gastrointestinal Disorders | | | | | | | | | | |
| 2042 | | | Gynae Genitourinary Disorders | | | | | | | | | | |
| 2045 | | | Haemorrhage | | | | | | | | | | |
| 2022 | | | Head Injury | | | | | | | | | | |
| 2046 | | | Headache Migraine | | | | | | | | | | |
| 2047 | | | Hernia | | | | | | | | | | |
| 2050 | | | Inflammation/ Swelling/ Infection | | | | | | | | | | |
| 2055 | | | Joint Disorders | | | | | | | | | | |
| 2060 | | | Kidney Liver Bladder Disorder | | | | | | | | | | |
| 2065 | | | Menstrual Disorders | | | | | | | | | | |
| 2066 | | | Muscoskeletal | | | | | | | | | | |
| 2070 | | | Neurological Disorders | | | | | | | | | | |
| 2075 | | | Pregnancy Related Conditions | | | | | | | | | | |
| 2085 | | | Respiratory Issue | | | | | | | | | | |
| 2090 | | | Tumour | | | | | | | | | | |
| 2095 | | | Ulcers Abscess | | | | | | | | | | |
| 2096 | | | Viral Illness | | | | | | | | | | |

Where the absence relates to surgery or hospital admission, please note the reason for the appointment/admission.

**Please do not use any other code or absence reason. If you are unsure please contact the school office or the HR team if you require further assistance.**