trust

GUIDANCE NOTES ON COMPLETION OF ABSENCE SELF CERTIFICATION FORM

Trust aims to secure the full attendance of staff. To allow us to accurately monitor and review attendance it is important that self-certification forms are completed correctly.

EMPLOYEES

If you are absent between 1 – 7 calendar days please ensure an Absence Self Certification Form is completed and passed immediately to your line manager to authorise upon your return to work.

You are expected to report your absence as soon as you know you cannot attend work. Your absence should be reported to your line manager whenever possible. It is **not acceptable to send a text message or email a colleague.**   Please specify the reason for your absence and how long it is anticipated to last. Please also provide details of a phone number you can be contacted at if necessary.   Full details on the Employees Absence Notification Procedure are available within Appendix 1 of the Attendance Management Policy.

We monitor the number of actual working days and hours lost due to sickness. It is important therefore that the information you supply is accurate and received promptly.

MANAGERS - When an employee is absent after 7 calendar days:

When a member of staff is absent for more than 7 calendar days please complete the self certification form on behalf of the employee ensuring you detail the days they would have worked for the period of their anticipated absence.

Tick the "not yet returned" box and state how many days/weeks the absence is anticipated to last for as discussed with the employee and return the form immediately to Human Resources, 12 New Mart Road, Edinburgh, EH14 1RL.

Employee - Sections to complete

Section 1   Employee Details

Please include employee name and development/department or office location where you are based; State clearly the reason for the absence.

Please indicate whether your absence is caused by illness or injury. Trust is required by law to report any absences from work of more than 3 days caused by an accident at work.

SECTION 1: EMPLOYEE DETAILS			
Employee Name : ■■			
Development or Office Location :			
Absence reported to :		on date	at time
Reason For Absence :			
Nature of Incapacity: ☐ Illness ☐ * Injury	* if injury, did this occur at work	Yes ☐	No ☐
If individual had to leave work early – what time did they leave?	Accident report completed	Yes ☐	No ☐

Section 2   Absence Details

Please enter the date you first became ill (Date of First Day of Sickness). Your period of illness/injury means the actual days you were unwell or injured. This should include days that you would not normally work. (E.g. if you normally work Monday to Friday and you became ill on the Saturday, then Saturday's date should be noted as the first day of sickness).

SECTION 2: ABSENCE DETAILS							
Date of first day of sickness :	Date of first working day lost (If differs from first day of sickness)						
Date of last day of sickness :	Date of return to work :						
No. of working days absent :	NB if absent for 7 days or more including non-working days and weekends a medical certificate will be required						
Total contracted hours lost :	Total working days lost since absence started:						
Please click on the boxes to highlight all the days you would normally have worked during the period of your absence. (x) (This is so we can calculate your entitlement to Statutory Sick Pay SSP)	Week commencing	Mon	Tue	Wed	Thu	Fri	Sat	Sun
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐
		☐	☐	☐	☐	☐	☐	☐

(Managers: if employee is absent for more than 7 days this form should be completed on behalf of the employee and forwarded to HR as soon as possible for processing)

☐ Not yet returned as absence is continuing and anticipated to last for   days or   weeks.

To enable payroll to calculate your Statutory Sick Pay (SSP) all employees should highlight all the days they would have normally worked during the period of absence. For example if you normally work a Monday, Tuesday, Wednesday you would tick these boxes.

Section 3   Notification of Return from Absence

Please sign, date the certificate, and forward it to your line manager to authorise.

SECTION 3: NOTIFICATION OF RETURN FROM ABSENCE		
Employee Declaration (completed by the employee) I certify that the above information is correct to the best of my knowledge and claim any sickness pay to which I may be entitled. I understand that the deliberate provision of false information may result in disciplinary action against me.		
Signed		Dated
Authorised by	Post	Dated