

# Statutory sick pay

# Self certification statement

You must complete this form if you’re absent from work for one day or more, whether your first day of absence was a normal working day or not.

Include any non-working days (Saturday, Sunday or bank holidays) after the first day of absence.

Failure to complete this form fully and accurately may result in loss of payment.

Please note you are expected to be at home and available to be visited or contacted by your line manager or members of Human Resources.

# If you’re sick

1. You don’t need a doctor’s certificate for the **first seven days** unless your department has previously notified you otherwise.
2. Fill in this form if your last day of sickness is less than seven calendar days or on the seventh day if sickness is continuing. Your line manager will post this form to you if you will be sick for seven or more days.
3. When completed, either return by hand on your first day of return or post this form with your **statement of fitness for work** to your line manager.
4. After seven days you must get a statement of fitness for work (fit note).

# Your details

Full name:

Department:

Section:

Payroll number:

Name and address of your doctor:

# Declaration

I declare that I have not worked during the period of sickness, which I have stated, and that the information given is complete and correct.

I give my express consent for the data on this form to be retained on the council’s personal files and computer applications.

Signed:

Date:

Return to work interview **CONFIDENTIAL**

First date of absence: Date entered on iTrent:

Last day of absence: Date entered on iTrent:

Date returned to work: Date entered on iTrent:

Total number of days absent:

For part time staff, total number of working hours absent:

Description of sickness or injury:

Details of return to work discussion ([see toolkit pages 16 to 17](https://lutonbc.sharepoint.com/sites/corporate-information/Shared%20Documents/Forms/AllItems.aspx?id=%2Fsites%2Fcorporate%2Dinformation%2FShared%20Documents%2FSickness%2Dabsence%2Dtoolkit%2Epdf&parent=%2Fsites%2Fcorporate%2Dinformation%2FShared%20Documents)):

Did you consult your doctor or hospital? Yes/No

If yes, provide date seen:

If yes, provide details:

Does this absence relate to an accident at work?\* Yes/No

Does this absence relate to a violent incident at work?\* Yes/No

\* If yes, please ensure an accident at work and/or violence at work incident report form has been completed.
**Please note:** any subsequent absences related to an accident must be supported by a doctors’ certificate to clarify that the absence is due to the original injury.

Does this absence relate to an accident in which third party compensation is a possibility?\*\* Yes/No

\*\* If the absence relates to an accident or incident outside of work from which the employee may receive insurance compensation then the [‘Insurance claims for loss of earnings in the event of an accident outside of work](http://wwwtest.central.luton/Jobs_and_careers/youandwork/Lists/LutonDocuments/sickness/insurance-claims-for-loss-of-earnings-in-the-event-of-an-accident-outside-of-work-form.docx)’ form should be signed by the employee. [Download printable version here](http://wwwtest.central.luton/Jobs_and_careers/youandwork/Lists/LutonDocuments/sickness/insurance-claims-for-loss-of-earnings-in-the-event-of-an-accident-outside-of-work-form-printable.docx).

Has the employee met a sickness absence trigger or failed to maintain a target? Yes/No

If yes arrange relevant meeting. Date of meeting:

Did the employee say that the absence was due to a disability? Yes/No

Did the employee say that the absence was pregnancy related? Yes/No

For long term absence, please supply dates of contact:

## Signed by

Line manager signature:

Date manager signed:

Employee signature:

Date employee signed:

Date filed on personal personnel file: