

# 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: Click or tap here to enter text.

Department: Click or tap here to enter text.

Section: Click or tap here to enter text.

Payroll number: Click or tap here to enter text.

Name and address of your doctor: Click or tap here to enter text.

# 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\*: Click or tap here to enter text.

Date: Click or tap to enter a date.

\* Typing your name into this field is accepted as your signature.Return to work interview **CONFIDENTIAL**

First date of absence: Click or tap to enter a date.

Date entered on iTrent: Click or tap to enter a date.

Last day of absence: Click or tap to enter a date.

Date entered on iTrent: Click or tap to enter a date.

Returned to work: Click or tap to enter a date.

Date entered on iTrent: Click or tap to enter a date.

Total number of days absent: Click or tap here to enter text.

For part time staff, total number of working hours absent: Click or tap here to enter text.

Description of sickness or injury: Click or tap here to enter text.

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)): Click or tap here to enter text.

Did you consult your doctor or hospital? Select yes or no

If yes, provide date seen: Click or tap to enter a date.

If yes, provide details: Click or tap here to enter text.

Does this absence relate to an accident at work?\* Select yes or no

Does this absence relate to a violent incident at work?\* Select yes or 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?\*\* Select yes or 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. S

Has the employee met a sickness absence trigger or failed to maintain a target? Select yes or no

If yes arrange relevant meeting. Date of meeting: Click or tap to enter a date.

Did the employee say that the absence was due to a disability? Select yes or no

Did the employee say that the absence was pregnancy related? Select yes or no

For long term absence, please supply dates of contact: Date 1 Date 2 Date 3

## Signed by

Typing your name into this section is accepted as your signature.

Line manager: Click or tap here to enter text. Click or tap to enter a date.

Employee: Click or tap here to enter text. Click or tap to enter a date.

Date filed on personal personnel file: Click or tap to enter a date.