### PERSONAL MEDICAL SICKNESS CERTIFICATE

*(N.B. please see notes overleaf****)***

**USE BLOCK CAPITALS**

**1. PERSONAL DETAILS**

Title (e.g. Professor/Dr/Mr/Mrs/Miss/Ms) … … … … … … … … … …

Surname … … … … … … … … … … … … … … … … … … … … …

Forenames … … … … … … … … … … … … … … … … … … … …

Employee number … … … … … … … … … …Date of Birth … … … …

School/Department/Section … … … … … … … … … … … … … … …

**2. PERIOD OF SICKNESS**

**(The procedure for notifying sickness is shown overleaf)**

Date you became unfit for work … … … … … … … … … … … … … ..

Last day of sickness ................................................................................

Date of return to work … … … … … … … … … … … … … … … … …

If your normal working pattern is not Monday, Tuesday, Wednesday, Thursday and Friday, please indicate your usual working pattern below:

... … … … … … … …… … … … … … … … … … … … … … … … …

**3. NATURE OF SICKNESS/INJURY \***

N.B. *Words like “unwell” are not enough. You should state your opinion of the nature of your illness or injury (e.g. Influenza, Diarrhoea etc.)*

In my opinion the reason for my incapacity for work was … … … … …

… … … … … … … … … … … … … … … … … … … … … … … …

\* If your absence is due to injury at work, you should additionally ensure that the incident has been formally reported to Safety Services.

**4. DECLARATION**

I declare that I have been unfit and have not performed the duties required of me as a University employee during the period of sickness indicated and that the information given above is complete and correct.

Signature … … … … … … … … … … … … … … Date … … … … …

*Tick the box if you have signed on behalf of the person who is sick [ ]*

Manager’s signature … … … … … … … … … … … Date … … … … …

(Print name) … … … … … … … … … … … … … …

**PERSONAL SICKNESS CERTIFICATE: NOTES OF GUIDANCE**

This certificate provides information about any absence due to sickness or injury which may entitle you to Statutory Sick Pay (SSP) and/or Occupational Sick Pay (OSP) from the University under your Terms and Conditions of Appointment.

It is to be completed for any period of sickness absence not covered by a Doctor’s statement (medical certificate). Absences lasting more than seven days must be covered by a Doctor’s statement.

In calculating the length of a period of sickness all days in the week (including Saturdays and Sundays and Public Holidays) are counted. So if your sickness absence starts on a Friday and you are still absent on Monday, that is your fourth day of sickness absence.

In the case of an employee who has no fixed hours of attendance under his or her contract, days of sickness absence are those days on which the employee is incapable because of sickness/injury of carrying out the duties of his or her appointment.

The completed certificate should be submitted to your line manager as indicated below.

**NOTIFICATION PROCEDURE**

1. On the first day you are absent from work because of sickness/injury you or a representative **must** notify your line manager in your School/Department etc. that you are unfit for work.

2. Further contact **must** be made with your line manager, as appropriate, with regard to continuation of sickness absence and return to work.

3. The certificate overleaf must be completed for any absence lasting **seven calendar days or less, unless covered by a Doctor’s statement** and must be submitted to your line manager on your return to work.

4. A Doctor’s statement (medical certificate) must be submitted to your line manager without delay for any absence **exceeding seven calendar days**. Further certificates must be obtained and sent to your line manager to support continuing absence.