

**SELF REPORTING FORM**

Mr/Mrs/Ms/Dr
Last Name: _____
Forenames: _____
School/Service: _____
Payroll No: _____
Job Title: _____

**This form should be completed by a member of staff returning to work after sickness absence and should account for:**  
**(a) absences of up to 7 calendar days**  
**(b) the first 7 calendar days of any longer absence**

1. I certify that I was unable to attend work due to sickness as follows (please state days and dates)

\_\_\_\_\_

\_\_\_\_\_

2. The reason for my absence was (state symptoms):

\_\_\_\_\_

\_\_\_\_\_

3. If your absence was due to an accident sustained at work, state the date you signed the report form:

4. During my period of absence I consulted my doctor on: \_\_\_\_\_

5. During my period of absence I attended hospital on: \_\_\_\_\_

I understand that the provision of false information or the failure to complete this form may lead to disciplinary action being taken.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_