

**THE DIOCESE OF SOUTHWARK
SICKNESS / INJURY SELF-CERTIFICATION FORM**

Name:

Job title:

Payroll no:

Date and time illness/injury began: (dd/mm/yy)(am/pm)

Who did you first notify and how (eg telephone/email/text):
.....

Notification date: (dd/mm/yy)

Reason for absence
.....

Did you see a doctor? (YES/NO)

If yes, on what date? (dd/mm/yy)

If no, did you seek any other medical advice? (YES/NO)

If yes, from whom did you seek the advice and on what date?
..... (dd/mm/yy)

Did you receive medication/other treatment from either of the above? (YES/NO)

The following time off work was taken (inclusive):

From: (dd/mm/yy)

To:(dd/mm/yy)

No of working days:

I understand that if I provide inaccurate or false information about my absence it may, depending on the circumstances, be treated as gross misconduct and result in my summary dismissal from the RC Diocese of Southwark.

Signature: **Date:**

Signature: **Date:**