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| Sickness Notification / Self-Certification Form |
| Payroll SectionFinanceMcCance Building16 Richmond StreetGlasgowG1 1XQTel: 0141 548 4454Fax: 0141 552 2462Email: monthly.absence.returns@strath.ac.uk  |
| Contents[ Part A - To be completed when informed of sickness absence. 1](#_Toc345590094)[ Part B - Fourth working day of absence notification. 1](#_Toc345590095)[ Part C - Confirmation of absence details. 1](#_Toc345590096)[ Declaration 1](#_Toc345590097) |

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| **Parts A and B** to be completed by the person taking the calls regarding absence from work due to sickness.**Part C** to be completed by the Head of Department (or designated nominee) and the member of staff on his/her return to work. Once completed forward to the Payroll section. |

# Part A - To be completed when informed of sickness absence.

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| Name: |       |
| Department: |       |
| First Date of Sickness: |       |
| Nature of Sickness: |       |
| Is the absence the result of an injury at work? |       | Expected Length of Absence: (If known) |       |
| If yes, complete the [Safety Incident Webform](https://eur02.safelinks.protection.outlook.com/?url=https%3A%2F%2Fsafe360.info-exchange.com%2Fsafetyincidents&data=05%7C01%7Coperationalsupporthr%40strath.ac.uk%7Cbec8153d79be405114e708da275a1742%7C631e0763153347eba5cd0457bee5944e%7C0%7C0%7C637865565125643829%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C3000%7C%7C%7C&sdata=skFRoIJdHCLe1YZqqjdDSwYJZJWQXmgFPzfvDxB%2By%2Bg%3D&reserved=0) or contact safety@strath.ac.uk. |
| Notes: (e.g. if contact was made by family member) |       |
| Message Taken By: (name) |       | Date Completed: |       |

# Part B - Fourth working day of absence notification.

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| Notes:(e.g. expected length of absence changed / contact made by family member) |       |
| Message Taken By: (name) |       | Date Completed: |       |

# Part C - Confirmation of absence details.

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| Last Date of Sickness: |       |
| No. of Working Days Absent: |       |
| Signature: (Head of Department or designated nominee) |       | Date Signed: |       |

# Declaration

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| I certify that between the dates noted at Parts A and C, I have been unable to work due to personal illness. The nature of my illness was as stated above, or if different as follows: |
| If different: |       |
| Signature: (Staff Member) |       | Date: |       |