



SELF CERTIFICATE OF ABSENCE

This form should be completed after a sickness/absence of 7 calendar days or less.

Any entitlement to Statutory Sick Pay will depend on you satisfying the SSP criteria & adhering to the Search Associate reporting of absence procedure.

Your Search Consultant will be able to advise you if you have entitlement to payment of Statutory Sick Pay.

This form should be completed and returned to your Search Consultant.

Associate's Name :

Pay Ref :

I certify that I was absent from work from : Date :

and that I returned to work on : Date :

Please tick your normal days of work :

Mon	Tue	Wed	Thu	Fri	Sat	Sun
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Details of Sickness : _____

Have you consulted your Doctor? YES / NO

I certify that the above is a true and correct record of my sickness and absence and that I am now fit to resume work.

Signed : _____
Associate

Date : _____

I accept the above self-certification of illness. I confirm that I am satisfied that this Associate has adhered to the SSP reporting procedure therefore ask that any SSP entitlement is processed.

Signed : _____

Date : _____