**Return to Work Self Certificate Form**

Full Name……………………………………………………………………….

Reason for absence ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………

First working day of sickness……………………………………………………...

Last working day of sickness ……………………………………………………..

If your absence occurs on more than 7 calendar days you must produce a medical certificate from your GP or medical professional

Employee Signature……………………………………………………………

Line Manager Signature ………………………………………………………..

Please return this form to HR

**In order to keep accurate records for pay roll purposes it is essential to return this form promptly**