

Self-Certification Form

You should complete this form following a period of absence from work. You may self-certify your absence for the first seven days. If your absence lasted longer than seven consecutive days then you must provide a Fit Note.

Once you have completed it, you should give this form to your manager.

- **Employee Details**

Employee Name:	
Employee Number:	
Business/Function:	
Job Title:	

- **Absence Details**

Please tick the box which best describes the reason for your absence from work:	Illness	<input type="checkbox"/>
	Accident which occurred whilst working for The Co-operative Group	<input type="checkbox"/>
	Accident which occurred during other employment	<input type="checkbox"/>
	Accident which occurred outside of work	<input type="checkbox"/>
	Other	<input type="checkbox"/>
Please provide full details about the reason for your absence:		
Did you consult a doctor or other medical practitioner? (If yes, what was the advice given?)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you fit to return to your normal duties? (if no, please give details)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was your absence pregnancy-related? (pregnant employees only)	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Absence dates:	__ / __ / ____ to __ / __ / ____	
Start time / Time sent home:		
First day of illness (if not the same day):		
Number of working days absent:		

- Absence Notification

Did you notify your manager on the first day of your absence? (if no, please explain why)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Time and date you notified your manager:	
If your absence exceeded 7 consecutive days, have you provided a Fit Note? (if no, please explain why)	

- Authorisation

To the best of knowledge the above details are a true and accurate statement and I accept that the deliberate provision of false information may lead to disciplinary action, up to and including summary dismissal, and possibly to prosecution by the DWP.	
Employee Signature:	Date:

Manager Note: Please review this form and use it to inform the Return to Work discussion with the employee. You should store this completed form locally within a secure location. If you do not have a secure place to store this form please send a copy to HR Services by emailing hrservices@co-operative.coop or by post to HR Services, 7th Floor, 1 Angel Square, Manchester, M60 0AG.