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| **Sickness absence self-certification** | |
| Name of employee: |  |
| Job title: |  |
| Length of my absence: |  |
| First date of my absence: |  |
| Date of my return to work: |  |
| My absence was caused by the following illness/injury: |  |
| If an injury, specify how it occurred, eg car accident: |  |
| Employee's signature: |  |
| Date: |  |
| We treat personal data collected during the sickness procedure in accordance with our [data protection policy](https://hrcentre.uk.brightmine.com/policies-and-procedures/data-protection-policy/162690/) / policy on processing special categories of personal data. Information about how your data is used and the basis for processing your data is provided in [our [employee privacy notice](https://hrcentre.uk.brightmine.com/letters-and-forms/employee-privacy-notice/162693/)]. | |