**Sickness Absence Self-Certification Form**

**Version 1.1**

**Last amended: November 2024**

### **IMPORTANT – PLEASE READ**

Please complete this form if you have been off sick from work for 7 calendar days or less (including weekends) to self-certify your sick leave. If your sickness absence extends beyond 7 consecutive days, including rest days and non-working days, you must provide a medical certificate (fit note) from a healthcare professional eg your doctor. This form must be signed by your line manager or their nominee and uploaded to [UniCore](https://nottingham.ac.uk/unicore) as soon as possible. Failure to comply with these instructions may impact your eligibility to receive statutory and University sickness benefits.

|  |  |  |  |
| --- | --- | --- | --- |
| Personal details | | | |
| First name |  | Payroll number |  |
| Last name |  | School/department |  |

|  |  |  |
| --- | --- | --- |
| Period of absence | | |
|  | Day | Date |
| When was the first working day you were absent due to sickness? |  |  |
| When was your last date of your sickness absence (even if this was not a day you would normally work)? |  |  |
| When was the first day you returned to work? |  |  |

|  |  |
| --- | --- |
| Reason for sickness absence |  |

|  |  |
| --- | --- |
| Is this period of sickness absence disability related? | Yes/No |

|  |  |
| --- | --- |
| **Declaration** | |
| I certify that I was incapable to work on the dates stated above due to the sickness reason as stated. The details I have provided are accurate to the best of my knowledge and I understand that providing false information may result in disciplinary action. | |
| **Signed** |  |
| **Date** |  |

|  |  |
| --- | --- |
| To be completed by the line manager or their nominee | |
| I acknowledge completion and receipt of this form and I have uploaded it to [UniCore](https://nottingham.ac.uk/unicore) | |
| **Name (capitals)** |  |
| **Signed** |  |