

**Self Certification of Illness:**

**I certify that I was unable to attend work due to sickness:**

From \_\_\_\_/\_\_\_\_/\_\_\_\_

To \_\_\_\_/\_\_\_\_/\_\_\_\_

The reason for my absence was **(please be specific)**:

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**For all periods of sickness between 1 and 7 days, a self-certificate is required.**

**For periods in excess of 7 days, a doctor's line is required.**

**Declaration and Verification**

**This is a true and accurate record of my attendance.**

Employee Name (print name) \_\_\_\_\_

Employee (Signature) \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Employer Statement:**

**I verify that this is a complete and accurate record.**

Employer's Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_