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|  | West Lothian Council |

#### SICKNESS ABSENCE SELF CERTIFICATE

**Employee Details**

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| Full Name: |  | Emp. No: |  |  |  |  |  |  |  |
| Job Title: |  | Location: |  |

#### PERIOD OF SICKNESS

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| --- | --- | --- |
| First day of sickness: | Day: | Date: |
| Last day of sickness: | Day: | Date: |
| Absences lasting more than 7 days require to be supported by a doctor’s certificate |

#### DETAILS OF SICKNESS/INJURY

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| Give details of the reason for your absence ‘illness’, ‘unwell’, or ‘pregnant’ are not sufficient. Your statement regarding your illness will be accepted. |
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#### DECLARATION

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| I declare that the above statement is true and accurate to the best of my knowledge. I understand that to give false or misleading information can result in disciplinary action, which may amount to dismissal. |

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| Employee’s Signature: | Date:  |

#### On completion, this form should be passed to your line manager.

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| COMMENTS  |
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| **Managers should ensure that this form is retained in a secure place within their own Service area** |

Details of how the council will process the personal information it holds on you can be found at <https://www.westlothian.gov.uk/media/20843/Contract-of-Employment---Privacy-Notice/pdf/2018-03-21_-_Contract_of_Employment_Privacy_Notice.pdf>