



**NUGENT**

**SELF CERTIFICATION OF ABSENCE DUE TO ILLNESS FORM**  
**(to be raised on the first day of absence)**

NAME OF EMPLOYEE

PLACE OF WORK

DATE OF NOTIFICATION OF ILLNESS

EMPLOYEE'S STATEMENT:

I certify that I was unable to attend work due to the following illness (use simple terms to describe the reason for absence)

I became unfit at \_\_\_\_\_ (Time) on \_\_\_\_\_ (Date)

I became fit for work again at \_\_\_\_\_ (Time) on \_\_\_\_\_ (Date)

Number of day's sick

I have/ have not consulted my Doctor, who is: -

I agree to accept Medical Examination by my own Doctor or by the Occupational Health advisor required.

I understand that any false declaration may make me liable to disciplinary action.

Signed (Employee) \_\_\_\_\_ (Date)

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HR DEPARTMENT

Date passed to Employee \_\_\_\_\_ By \_\_\_\_\_

Date returned \_\_\_\_\_ Returned to \_\_\_\_\_

Date passed to HR \_\_\_\_\_

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