**Self-Certificate Form**

***\*\*\*To be completed and returned by line manager to HR (***[***hr@bangor.ac.uk***](mailto:hr@bangor.ac.uk)***) within one week of absence start date \*\*\****

**Basic Details**

|  |  |
| --- | --- |
| Employee Name |  |
| Department / School / College |  |
| Payroll Number |  |

**Absence Details**

I certify that I was unable to attend work due to sickness/ injury from ……../……/…… to

……/……/…….. inclusive (including non-working days)

|  |  |  |
| --- | --- | --- |
| Please detail reasons for absence. |  | |
| I can confirm that the total working days lost during this sickness absence episode was | Days | |
| Was this absence related to a workplace accident or incident? | **Yes** | **No** |
| If Yes, has an accident / incident report form been completed and submitted to Health & Safety Services | **Yes** | **No** |

**Declaration**

|  |
| --- |
| *I hereby sign to confirm that the details provided above are true and accurate and I understand that if I knowingly provide inaccurate or false information about my absence it may lead to action being taken under the University Disciplinary Procedure.*  Signature: …………………………….........................................………Date: …….................. |

**This form must be completed if you are absent from work due to sickness between 1 and 7 consecutive calendar days.**

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