



RAPHAEL
CONTRACTING LTD



SPECIALIST
JOINERY LIMITED

ABSENCE / SELF CERTIFICATION FORM

TO BE COMPLETED BY EMPLOYEE IMMEDIATELY UPON RETURNING TO WORK

You must complete this certificate for all absences of half a day or more (including jury service, public services and trade union duties). The Company does not require a Doctor's Certificate or 'fit note' for the first 7 calendar days of sickness related absence unless specifically requested.

Company	JMS Joinery	Branch / dept.	Southam
Employee First Name	Joshua	Employee Surname	Parker
Job Title	Apprentice	D.O.B.	29/12/1998
Payroll ID		NI Number	

If your absence is due to sickness please enter the start and end dates when you were unfit to work, including Saturdays, Sundays and Bank Holidays.

Unfit to work FROM	Date 19/6/18	Unfit to work TO	Date 25/06/18	Date actually returned to work	Date 25/06/18
Normal working hours on your first day unfit to work	8 1/2	Normal working hours on your last day unfit to work	8 1/2	8am	4:30pm

Please state briefly why you are/were unfit to work (words such as illness/sickness are not enough). If the absence is related to an injury, please give brief details of the injury and cause. Note where the sickness was caused by an accident at work or an industrial disease, employees may be able to get Industrial Injuries Disablement Benefit. Soft tissue damage caused to lower right ankle, while.

Door frame tipped over off the ladders due to the removal of door stop.

Please ensure that any accident at work is entered in the Accident Book

If your absence is/was wholly or partially attributable to attendance at a hospital, clinic or similar place, please provide the following details:

Place attended (name & address) Banbury, Horton hospital

Reason for attendance Sharp pains with limited movement, struggled to walk on right foot

In patient / Out patient out

Do you consider that you have a disability, as defined by the Equality Act 2010?

NO

Is the absence because of or related to your disability?

NO

If your absence was not due to sickness: First day absent 20/06/18 Last day absent 22-06-2018

Reason: Soft tissue damage caused to lower right ankle, was put on crutches for 5 days to aid with walking and standing

DECLARATION I declare that I have not worked during the above notified period of absence and the information given is complete and accurate. I agree that the information included above may be recorded in any way deemed appropriate by the Company for a proper management of the Company and its affairs, consistent with the provisions of current legislation.

Signed

[Signature]

Date

25/06/18

NOTE:

1. You should not delay in seeing your doctor if you need medical advice or treatment.
2. If you have received a letter from the DWP office, exempting you from SSP, please attach a copy of the letter to this form.
3. Full details of the Company Sick Pay and SSP entitlements can be obtained from Paul Bennett.
4. All information provided in this document will be treated as confidential and will be used by the Company to make a fair assessment on entitlement to any sick or other pay.