



**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 Danery | Branch / dept.   | Southam    |
| Employee First Name | Joshua     | Employee Surname | Pashes     |
| 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 | 6 1/2        | Normal working hours on your last day unfit to work | 8 1/2         | 8 am                           | 4.30 pm       |

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. Self issue changed caused to lower right knee, while,

Door frame ripped over off the knees 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) Barbary, Horton hospital

Struggled

Reason for attendance Shore 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: Self issue damage caused to lower right knee, whilst 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 23/06/18

**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.