**SELF CERTIFIED SICK ABSENCE (DEPENDANT EMPLOYEES)**

Name (Mr/Mrs/Miss) ........................................................................................................

Grade: ........................ Pay/Staff No ..............................

First day of absence from work (Date and time) ..................................

Last day of absence from work (Date and time) ..................................

Reason for absence (Brief details) ................................................................……….......

.........................................................................................................................................

I declare that the above information is true and complete. I understand that giving false or
inaccurate information is a disciplinary offence which could result in my dismissal.

Signature of Employee .........................................................

Date .................................................

 **NOTES**

1. The maximum permitted period for a Self-Certified Sickness is 7 calendar days.

2 This Certificate must be handed to your supervisor immediately on your return to work.

3. Once a doctor certificate has been issued for any period of sickness, further self certified forms will not be accepted unless the employee returns to work for one full day.

 **Instructions for Employing Unit:**

The completed certificate is to be forwarded to the local GSO LEC HR department.