

POLICIES FOR ASSOCIATES
SELF CERTIFICATE OF ABSENCE



This form should be completed after a sickness/absence of 7 calendar days or less.

Any entitlement to Statutory Sick Pay will depend on you satisfying the SSP criteria & adhering to the Search Associate reporting of absence procedure.

Your Search Consultant will be able to advise you if you have entitlement to payment of Statutory Sick Pay.

This form should be completed and returned to your Search Consultant.

Associate's Name	
Pay Ref	
I certify that I was absent from work from:	____ / ____ / ____
and that I returned to work on:	____ / ____ / ____
Please tick your normal days of work	Mon Tue Wed Thu Fri Sat Sun
Details of Sickness	
Have you consulted your Doctor?	YES / NO

I certify that the above is a true and correct record of my sickness and absence and that I am now fit to resume work.

Signed: _____

Date: _____

Associate

I accept the above self-certification of illness. I confirm that I am satisfied that this Associate has adhered to the SSP reporting procedure therefore ask that any SSP entitlement is processed.

Signed: _____

Date: _____