



Breakspear Technologies

BREAKSPEAR TECHNOLOGIES ABSENCE/SELF CERTIFICATION FORM

This form should be completed on your return to work following any period of absence of 7 calendar days or less and handed to your line manager.

If you are returning to work after a sickness absence of more than 7 days you should provide us with a Medical Certificate.

NAME:.....

DURATION OF ABSENCE:

FROM

AM/PM
DAY
DATE

TO

AM/PM
DAY
DATE

NOTE: If you were absent by reason of sickness, include non working days.

REASON FOR ABSENCE:

Did you consult a Medical Practitioner? YES/NO.

If YES please give details of: Doctor's Name, Address, Date of Visit, Treatment Received and any Current Treatment:

Declaration

I certify that I have been incapable of work for the reason and on the date(s) shown and that this information is true and accurate.

I acknowledge that false information will result in disciplinary action.

I hereby give my employer One Catalyst permission to verify the above information.

Signed Date

Countersigned.....
(Line manager)