

NORTHERN IRELAND FIRE & RESCUE SERVICE

SELF-CERTIFICATION FORM
ABSENCES UP TO AND INCLUDING 7 DAYS

FROM: _____

TO: PAYROLL DEPARTMENT

Section 1 of this form should be completed in the presence of the line manager on your return to work following absence due to illness or injury. The line manager (of a grade not less than Watch Commander or Scale 5) should complete Section 2 and record the absence on the manual and electronic registers.

SECTION 1

Name: _____

Position: _____ Department: _____

Location: _____ Service No: _____

Period of Absence:

First day of Absence: _____
Day Date Month Year

Last day of Absence: _____
Day Date Month Year

Please state total number of working day(s)/shift(s) absent: _____ Time absent: From: _____ To: _____
(including sickness on duty)

I certify that I was unable to attend work for the following reason(s) (State any illness or symptoms, describe injury or other incapacity – **It is not sufficient to note ill or sick**):

Have you consulted a doctor or visited a hospital about the above? Yes No

If answering "Yes", please state the doctor's/hospital's name and address and the treatment prescribed:

DECLARATION

I declare that the above statement is accurate and understand that to give false or misleading information may lead to dismissal. During the above period of sickness I have not worked or taken part in any activities not consistent with the reason(s) for my absence, and that the information given by me is correct. I agree to my doctor giving medical information relevant to my absence to a medical practitioner appointed or nominated by the Service if so requested.

SIGNED: _____ DATE: _____
(Employee)

SECTION 2

I certify that Section 1 of this form was completed in my presence. I have discussed the absence with the staff member and I am satisfied that the above-named was unable to attend work and accept this absence should be recorded as sickness absence.

PRINT NAME: _____ DATE: _____

SIGNED: _____ POSITION: _____
(Line Manager)

Data Protection

The Northern Ireland Fire & Rescue Service processes the information provided on this form and on medical certificates for the purposes of meeting its legal obligations. In particular, individual data is disclosed to line managers for the purpose of responding appropriately and fairly to an individual's overall level of sickness absence and for the appropriate management of their health and safety at work. Aggregate data is produced to identify issues and trends at Station/Department and Service levels in order to ensure the health, safety and welfare of employees and to ensure a safe working environment. This record will be maintained on the employee's **SSP File** and kept confidentially.