

## Appendix A

### Rutland County Council SICKNESS SELF CERTIFICATION AND REPORTING FORM

#### PART A – To be completed by line manager when sickness is first reported

Employee Surname			
Employee Forename(s)			
Team			
Directorate			
First day of absence		If ½ day:	am or pm?

I have today been advised that the employee named above is absent from work due to:

Name:	Date:
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#### PART B - to be completed at Return to Work interview:

Last date of sickness:		Date returned to work:	
Absence is self certified	Yes/No	Doctor's certificate provided:	Yes/No

Date of return to work interview:

Give reason for absence:

Have you consulted with a doctor?

Has medication or treatment been recommended?

Is there an ongoing illness or condition we should be aware of?

Has the illness been confirmed by a GP as meeting the definition a defined in the Disability Discrimination Act 1995?      Yes/No

Do you have any concerns about your work and/or is there anything we can do to help?

What steps will you take to improve your attendance and do you need any support in doing this?

Comments/further action to be taken:

Trigger breached:	3 separate absences within rolling 6 months period	<input type="checkbox"/>
	10 days within rolling 12 month period (pro rata for PT staff)	<input type="checkbox"/>
Is OH referral appropriate?	Yes/No	

I confirm that I have received my back to work interview and the information on this form is accurate. I understand that this information will form part of my personnel records and be stored electronically and may be used for monitoring and reporting.

Signed by employee:

Date:

Signed by interviewer:

Date:

**A large print version of this document is available on request**



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