

Bustler

Excellence in Community Transport

ABSENCE / SELF CERTIFICATION FORM

TO BE COMPLETED BY EMPLOYEE IMMEDIATELY AFTER RETURNING TO WORK

You must complete this certificate for all absences of a half day or more (excluding pre authorised holiday). The company does not require a doctor's certificate for the first 6 working days of an illness unless asked for.

Employee Name: Employee No:

If your absence was not due to sickness: First day absent: Last day absent:

Reason:

If your absence is due to sickness please enter the start and end dates when you were unfit for work, including weekends and Bank Holidays and any holiday you may have booked.

I was unfit to work FROM: TO:

Date actually returned to work:

Please state briefly why you were / are unfit to work (words such as illness / sickness are not enough). If the absence is related to an injury, please give brief details of the injury and cause:

Please ensure that any accident at work is entered in the Accident Book.

I informed: by means of:
on the first day of my absence

Doctor's details:

Name: Address:

Your doctor will not be approached concerning your health without your prior knowledge

Signed: Date:

(Employee)

On behalf of WCT: Date:

WOKING COMMUNITY TRANSPORT
MOORCROFT, OLD SCHOOL PLACE, WESTFIELD, WOKING, SURREY, GU22 9LY

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