

Employee Self Certificate

Forename	Click here to enter text.	Surname	Click here to enter text.
Payroll ID		Department	Click here to enter text.
Date of Interview	Select date.	Interview conducted by:	Click here to enter text.

Certification (Please select as appropriate)

Self-Certificate (required for **ALL** periods of illness lasting 7 calendar days or less) ☐

Doctor's Certificate (required for periods of illness over 7 calendar days) ☐

Date first absent	Time (am/pm)	Date supervisor notified	Date returned to work

During my absence, my symptoms were (brief details, words like "illness" or "unwell" are not enough)

Did you visit your GP during this period of absence

* If yes to the above, did your GP make any recommendations on a "fit note"? (copy to be provided)

* Have any factors of work caused or contributed to your absence

* If yes to the above, please explain –

Any further comments)

N/A

**Employee
Name**

■ **Signature and
Date**

Please submit completed form to hrponticelliuk@pbs-offshore.com