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**Self Help Guide**

**Preparing an Absence Notification and Certification Procedure**

***The sample wording in this document is for guidance only. The wording must reflect your current contractual arrangements. Any errors or omissions cannot be held to be the responsibility of the Labour Relations Agency. It is also important to review and maintain your document to ensure compliance with changes in statutory obligations.***

**November 2018**

# Self Help Guide - Preparing an Absence Notification and Certification Procedure

This guide will help you prepare an Absence Notification and Certification Procedure to suit your organisation.

This guide does not deal with Statutory Sick Pay (SSP). Details on SSP can be downloaded from Her Majesty’s Revenue and Customs (HMRC) website http://www.hmrc.gov.uk/paye/employees/statutory-[pay/ssp-overview.htm](http://www.hmrc.gov.uk/paye/employees/statutory-pay/ssp-overview.htm)

 An Employer Guide can be downloaded from the following link <http://www.hmrc.gov.uk/employers/employee_sick.htm>

The Agency offers assistance in producing and reviewing employment documents and you are strongly advised to forward your draft Absence Notification and Certification Procedure for review.

**Before implementing your finalised procedure you should consult directly with your employees and their representatives.**

If you would like to have your document reviewed you can email or post your documents to the Agency.

Email: info@lra.org.uk

Phone: 03300 552 220

Mail: Labour Relations Agency, 2-16 Gordon Street, Belfast, BT1 2LG.

The Agency also holds Advisory Workshops to assist employers in drawing up the written statement of the main terms and conditions of employment, absence notification and certification, disciplinary and grievance procedures.

Workshops are held on the Agency premises in either Belfast or Derry/Londonderry on specified dates. There is no charge for attendance at these workshops.

For more details on workshops and to book online visit the Agency’s website at [Workshops](https://www.lra.org.uk/seminars-workshops-briefings/workshops/) or contact us at the telephone number above.

## Sickness Absence Notification and Statutory Sick Pay (SSP)

**Legal Requirements**

Every employer is required by law to issue to each employee, within 2 months of commencing employment, a written statement of the main terms and conditions of employment.

In the written statement the employer should make clear what is expected of an employee who is absent from work through sickness, e.g., telephone call on the first day, self-certification of the reason for absence for periods of less than eight days and submission of doctors' statements from the eighth day onwards.

**DHSS Self-Certification Arrangements**

The Department of Health and Social Services makes available a self-certification form to enable employees to account for absences due to periods of incapacity lasting **less than eight days**. Copies of the form are available from doctors' surgeries, trade union offices, etc. The claimant completes the form specifying the dates of incapacity and reason for absence. The form does not require a doctor's signature, nor does it require to be countersigned by the employer. The DHSS self-certification requirements are distinct from any self-certification arrangements operated by employers, and employers should advise their employees if and when this form is required.

**Company Self-Certification**

Rather than adopting the DHSS self-certification arrangements and utilising its form, some employers may wish to use their own self-certification scheme. The company/organisation self-certification form can be used for purposes of absenteeism control, as evidence for any occupational sickness payment to which an employee may be entitled and for SSP purposes.

The following guidelines may prove useful to employers in drawing up a self-certification scheme:

* Design a form for issue to employees who have been absent through illness for a period of less than eight days (See page 7 for sample form). In completing the form each employee will be required to state the duration of and the reason for the absence.
* Decide whether the form will be issued through the immediate supervisor/ manager or through the Personnel or Wages Department.
* Decide whether self-certification forms are to be completed in the presence of the supervisor/manager or in another location such as the Personnel Department. This is an important decision as the circumstances under which an employee has to explain the absence may be important to the individual for reasons of confidentiality and will have a bearing on the overall control of the scheme, e.g. monitoring or initiating disciplinary action.
* Decide whether an employee is required to sign the form attesting to the accuracy of the statement in respect of the duration of and reason for the absence.
* Have a management representative countersign the form. Countersigning a self-certification form will normally mean that the supervisor/manager is satisfied that the form has been completed properly, i.e., that it has been signed and that adequate details have been given. A Sample Company Self Certification Procedure and Form are set out on Pages 5 to 7 of this guide. For further information on managing sickness absence read the Agency’s Advisory Guide - [Advice on Managing Sickness Absence](https://www.lra.org.uk/publications/agency-publications/advice-and-guidance-on-employment-matters/advisory-guides/advice-on-managing-sickness-absence)

## Absence Notification and Certification Procedure

**Statutory Sick Pay (SSP)**

1. For employees who qualify SSP is payable for up to twenty eight weeks of sickness absence.
2. For SSP purposes Qualifying Days with this employer are **(insert the qualifying days).**
3. An employee, absent from work due to illness or injury, shall be paid SSP provided the qualifying conditions for receipt of such are satisfied; and provided that the requirements in respect of notification and supply of evidence of incapacity as set out in paragraph 4 are complied with.
4. **Notification**
	1. If you are absent from work due to illness, or any other reason, you must ensure that **(insert job title)** is advised of the nature and expected duration of the absence. This must be done by telephone as early as possible on the first day of absence - for operational reasons the line manager\*/supervisor\*/ employer\* should be notified before **(insert time, for example 10:00am)**. A message alone is not sufficient.

* 1. If your illness extends beyond seven calendar days you must notify the **(insert job title)** on the eighth day of absence, as at paragraph 4 (a).

 **Evidence of Incapacity**

* 1. If you are ill and your absence extends beyond three working days you must present to **(insert job title)** a completed **HMRC Self Certification**

**Form SC2**. This form is available from Doctor’s surgeries and should arrive with the employer on the fourth but no later than the eighth day of absence.

 **or**

If you are absent at any time for a period of seven calendar days or less you will be required, on your return, to report immediately to **(insert job title)** and to complete a **Company Self Certification Form** at that time.

* 1. If your absence extends beyond seven calendar days you must submit to the employer a **Statement of Fitness for Work** covering absence from the eighth day. This statement, which can be obtained from your doctor, should be forwarded to the employer as soon as possible after the eighth day of your absence.

* 1. If the statement of fitness for work states that you are ‘unfit for work’ continued absence must also be covered by further statements on a regular basis.

**Unacceptable delays in notifying the employer or failure to provide evidence of incapacity may result in the withholding of any SSP due.**

1. Any person who knowingly makes false statement on a HMRC Self Certification Form\*/Company Self Certification Form\* shall be dealt with in accordance with the Disciplinary Procedure.

**\*** Delete as appropriate

### COMPANY SELF CERTIFICATION FORM

Employee Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Section/Department: \_\_\_\_\_\_\_\_\_\_\_\_\_Employee Number (if any):\_\_\_\_\_\_\_\_\_\_

I certify that I was unable to attend work due to sickness

 \*On/from\* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ inclusive

I was suffering from (state briefly the nature of your illness)

\*I did/did not\* see my doctor.

On the first day of absence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ was notified of my inability to attend work.

**I certify that the above is a true account of the reason for my absence and**

 **\*That I am fit to resume work;**

 **\*I understand that I must submit to the Company a Statement of Fitness for Work covering my absence from the eighth day.** \*Delete as appropriate

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Countersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_