Certificate of Absence

Section A (Completed	d by Finance & Admi	n Manager on the firs	t day of absence)	
Staff Name:		-		
First date of	Why you were off work:			
absence from work:	Sick	Carers Leave	Emergency Leave	Bereavement
If you left work early, what time did you finish?				
Section B (Completed				
Total number of days Absence:		Date returned to	o work:	
Why you were off wo	rk?:			
Please do not state 'ill	or sick' – please give	as much information as	possible.	
Declaration I declar information it could res			erstand that if I deliberately	y give any wrong
Employee's Signatur	'e		Date	
Line Manager's Signature			_ Date	