Form for Self-certifying Sickness Absence

Employee name:

Department:

Employee number:

Date joined Metaverse:

Dates of sickness

From			To		
Day	Date	am/pm	Day	Date	am/pm

Date of return to work:

Total number of working days lost:

Please give the reason for your absence:

Did you comply with the absence notification procedures?

☐ Yes

☐ No

Who did you speak to?

What time did you call?

Did you consult a doctor?

☐ Yes

☐ No

If yes, please give details of doctor's name and address. If no, please state why not.

Protecting your Data

The information requested above may contain information classed as 'special category data' under data protection legislation. Metaverse VR (MVR) may only process your data where a lawful basis applies. In respect of the data to be processed in this form, we rely on the lawful basis of:

The reason for our processing of this information is to ensure that we have fullest information possible about your current state of health.

We will use this information in any decisions or actions we take about your working arrangements as a result of your health status.

MVR will hold these details in confidence, and they will be processed in accordance with current data protection legislation and the Company's data protection policy.

Declaration

I declare that I was incapable of work due to my sickness/injury on the dates shown above and that this information is true and accurate.

I acknowledge that false information will result in disciplinary action.

I give my employer permission to verify the above information.

Full name: _____

Signature: _____

Date: _____

Sections below to be completed by your line manager

Date received: _____

Line Manager's name: _____

Signature: _____

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