

**VOLUNTARY ACTION SHETLAND**  
**SICKNESS ABSENCE**  
**SELF-CERTIFICATION FORM**

**Name of Employee:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Work Location:** \_\_\_\_\_

**First Day of Sickness:** \_\_\_\_\_

**Last Day of Sickness:** \_\_\_\_\_

**Total Number of Days absent:** \_\_\_\_\_

**Please give a brief description of the reason for the sickness absence.  
Stating that you were unwell or ill will not suffice.**

**Signed** \_\_\_\_\_

**Dated** \_\_\_\_\_