This Certificate must be completed by you immediately you return to work for periods of sickness absence of up to and including 7 calendar days. It must be authorized by your Supervisor/Manager before payment will be made in accordance with our entitlement to Company and Statutory Sick Pay.

NAME: …………………………………………… JOB TITLE: ……………………………………….

DEPARTMENT: ………………………………… LOCATION: ……………………………………….

Please tick the days you were sick. Please be sure to state all days of sickness including Saturdays, Sundays and Public Holidays.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | DATES | SUN | MON | TUES | WED | THURS | FRI | SAT |
| Week ending |  |  |  |  |  |  |  |  |
| Week ending |  |  |  |  |  |  |  |  |

DATE RETURNED TO WORK: …………………………………………………………………………

**PLEASE DESCRIBE SICKNESS:**

|  |
| --- |
|  |

DID YOU CONSULT YOUR DOCTOR? YES or NO

PLEASE GIVE THE NAME AND ADDRESS OF YOUR DOCTOR:

|  |
| --- |
|  |

**DECLARATION BY THE EMPLOYEE: (To give false information may result in the non-payment of sickness benefit and appropriate disciplinary action. Deliberate falsification will be regarded as Gross Misconduct.)**

I declare that the above absence was due to genuine sickness as described above and that the information given is complete and correct.

Signed:…………………………………………………………. Date: ………………………………….

NOTE: A Doctor’s Fit Note is required for periods of sickness absence of more than 7 calendar days.

**TO BE COMPLETED BY YOUR SUPERVISOR/MANAGER**

Notification of absence received, Date: ………………………………………………………………..

Time: ………………………………How notified: ………………………………………………………

Did the employee carry out any work under their contract of employment YES or NO

on the 1st day of sickness absence?

**I AUTHORISED / DO NOT AUTHORISE payment, subject to entitlement, in accordance with the Company’s Sick Pay conditions.**

Signed: ……………………………………………………….. Date: …………………………………...

**Send:** 1 copy to gb-hrcentraladmin@cemex.com

1 copy for the employee

1 copy for Supervisor/Manager