

## Certificate of Absence Form

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

Department: \_\_\_\_\_

Absence commenced: \_\_\_/\_\_\_/\_\_\_

Absence ended: \_\_\_/\_\_\_/\_\_\_

Total number of days: \_\_\_\_\_

Reason for absence: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*If the absence is of a personal nature you may write "personal", however this will need to be confidentially explained with your Manager.*

Doctor Visited:            Yes             No

*If yes, please attach a Doctor's certificate to this form.*

Text on full document: \_\_\_\_\_

Text on full document: \_\_\_\_\_

Text on full document: \_\_\_\_\_

Text on full document: \_\_\_/\_\_\_/\_\_\_

Text on full document: \_\_\_\_\_