



Medical / Self Certification Leave Form

Name: _____ Project/Business: _____

Emp No.: _____ Designation: _____

Document Reference: CEN-TM-01-05 Revision: 0

I hereby certify that I was sick on the following days:

Due to _____

I have informed my illness to _____

A Doctors/ Certificate is Attached

YES

NO

Employee's Signature

Date

Verified by:

Name
Project / Business Administration

Signature

Medical Leave approved by Project Leader / BUH:

Signature

NOTE:

1. Staff who are off needs to inform their line manager & Admin first thing in the morning.
2. A Doctors / Hospital certificate is required for all medical absence.
3. Medical Leave taken without a Doctors / Hospital Certificate as outlined above will be deducted from an employee's holiday entitlement.

Distribution: Original to Head Office Administration Department.