

Self-Certification Form

(for periods of incapacity of 7 days or less)

**Name……………………………………………………………………………..**

**Parish…………………………………………………………………….**

I certify that I was unable to attend work due to illness (please state the nature of your illness):

………………………………………………………………………………………………………………

My first day of illness was………………………….day …………………….(date)

My last day of illness was………………………….day ……………………..(date)

Date returned to work………………………………………………………………………….

Signed……………………………………………………….. date…………………………………

(Archdeacon)

I request that this absence be **paid/unpaid** (delete as appropriate)

Return to duties interview notes………………………………………………………

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Please send the completed form to your archdeacon or to clergyabsence@liverpool.anglican.org