



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):

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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
clergyabsences@liverpool.anglican.org