APPENDIX 4

WHITLEY COUNCIL FOR THE ISLE OF MAN PUBLIC SERVICE (MANUAL WORKERS)

Self-Certification of Sickness - Manual Workers

1. As employing authorities will be aware, from 14th June, 1982, employees will be unable to obtain doctors' certificates for sickness absences of less than one week. This new situation will clearly require a change in the existing procedures for short-term absence through sickness and the Sick Pay Scheme has been amended by the addition of the following paragraph:-

"On return to work a statement is signed detailing the reasons for all absences up to and including 7 days."

2. Such a provision does not affect the existing requirement that on first becoming sick, an employee must inform his supervisor of his absence and the reason therefore, immediately or as soon as reasonably practicable.

3. Absences through sickness for four or more days will require the employee to complete a Social Security SC1 form, available from Doctors' surgeries, hospitals, Social Security Offices of the Department of Social Care or employers, to ensure payment or correct allocation of sickness benefit in respect of the first week. The Social Security SC1 forms should be submitted via employers in the same manner as medical statements are currently submitted.

4. Sickness absence in excess of a week will require the provision of a doctor's certificate from the start of the second week of absence and at subsequent intervals in accordance with existing practice.

5. The procedure regarding return to work will be unchanged except that arrangements for absences of less than a week and the first week of longer absences will be subject to new procedures for self-certification.

6. In accordance with the revised terms of the Sick Pay Scheme, all employees who have been absent through sickness for up to one week should, on their return to duty, be required to complete a Self-Certification document in the form as set out in the annex to this circular. The

(484 October 2011)
form should also be completed after the first week of longer absences. This form is additional to that required for Social Security purposes and should serve to ensure that the employing authorities' pay and sickness records are complete. It is also designed to ensure that cases of abuse of the new self-certification procedures are kept to a minimum and that those that do arise are more easily checked.

Copies of the form are available from this office.

7. It should be noted that Para. 17(c) of the Sick Pay Scheme is unchanged by the new procedures. This requires that absence on account of sickness on the day before or the day following a public or extra statutory holiday must be supported by the production of a doctor's statement. (see NOTE below)

J.R. CANNAN
Secretary
Official Side of the Whitley Council
(Manual Workers)

June, 1982.

NOTE: This guidance was issued by the Official Side Secretary in June 1982 and was correct at that time.

However, for the avoidance of doubt it should be noted that the guidance given in paragraph 7 above has been superseded by an amendment to paragraph 17(c) of the Sick Pay Scheme (Appendix 3 to the Memorandum of Agreement) to which reference should be made.
SICKNESS DECLARATION FORM

(To be completed for all sickness absences lasting up to and including one week and the first week of longer absences)

Name....................................................................................................................................................................

Address ...................................................................................................................................................................

Department .................................................. Depot ............................................................

Date last worked ................................. Date of Return ........................................ (if known)

Brief details of sickness ........................................................................................................................................

Is sickness the result of industrial injury? YES / NO *

If yes, was accident reported? YES / NO *

Name and address of your doctor..........................................................

Have you consulted your doctor? YES / NO * Date..........................................................

(If you received a doctor’s statement, it should be submitted to your supervisor, together with this form.)

IF SICKNESS LASTS LONGER THAN 6 DAYS (EXCLUDING SUNDAYS), YOU MUST OBTAIN A DOCTOR’S STATEMENT

DECLARATION

I declare that the details given above are true.

Signed ................................................................. Date .................................................................

Any person who wilfully makes a false statement renders themselves liable to disciplinary and legal action

Signature of Supervisor ......................................................... Date .........................................................

THIS FORM SHOULD BE COMPLETED AND RETURNED TO YOUR SUPERVISOR IMMEDIATELY ON RETURN TO WORK OR AFTER THE FIRST WEEK OF LONGER ABSENCES IN ORDER TO AVOID ANY DELAY IN THE PAYMENT OF WAGES/ SALARIES.

(* Delete as applicable)