Self-Attestation Form
Administrative Procedure 2.A.55C

This form is to be completed by an employee who is absent due to illness or injury for three (3) or more consecutive scheduled workdays or upon request by their supervisor. The purpose is to confirm the reason for the absence without requiring a medical certificate.

Employee Information

Full Name: _____

School/Department: _____

Principal/Supervisor: _____

Absence Details

Date absence began: _____

Expected return date: _____

Or ☐ Check if return date unknown

Reason for Absence

☐ Personal illness or injury Was your injury sustained at work? ☐ Yes ☐ No

☐ Dependent care due to illness or injury

☐ Other (please specify, if applicable): _____

Confirmation

I confirm that I was unable to attend work due to the above reason for the dates stated. I understand that knowingly providing false information on this form may result in disciplinary action. I acknowledge that this form will be placed in my personnel file and may be referenced as part of my employer's absence management processes. I also understand that additional documentation may be requested, if required.

Employee Signature: _____ **Date:** _____

For Supervisor/HR Use Only

Reviewed by: _____ Date: _____

☐ Documentation complete ☐ Further documentation required ☐ Follow-up scheduled

Privacy Notice:
The personal information collected on this form is protected under *The Personal Information Protection and Electronic Documents Act (PIPEDA)* and will be used solely for the purpose of verifying your leave and managing illness or injury related absences. This information will be stored securely and accessed only by authorized personnel in accordance with the ESD procedures.