

CCU67

Department of Education

TEACHER'S ILLNESS CERTIFICATE

This form should be used to certify illness for 1 to 7 calendar days.

The completed form should be sent *without* delay to:-

**Department of Education
Teachers' Pensions,
Pay & Administration
Branch
Waterside House
75 Duke Street
LONDONDERRY
BT47 6FP**

Name (Mr/Mrs/Miss/Ms): _____

Reference Number: TR _____

School/Institution: _____

School Reference Number : _____

I wish the period of absence detailed below to be treated as self certified sick leave.

From (first day of illness): _____

To: (last day of illness): _____

Nature of illness: _____

I understand that I must submit a doctor's statement from the 8th calendar day of a continuous period of sick leave.

Signature: _____ **Date:** _____