

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' Pay, Pensions & Administration Team  
Waterside House  
75 Duke Street  
Gobnascale  
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 8<sup>th</sup> calendar day of a continuous period of sick leave.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_