

Time Off for Dependants Self Certification Form**CONFIDENTIAL**

This form must be completed for all periods of absence from work due to time off work for dependants, then countersigned by your Manager and returned to HR on your first day back at work.

Name:	
First date and time of time off:	
Last date and time of time off:	
Total Number of Hours Off:	

Details of the reason why you had to take time off for dependants:

Declaration

I understand that to give false information on this form could lead to disciplinary action being taken against me.

Signed: Date:

Countersigned: Date:
(Manager)