



SICKNESS SELF-CERTIFICATION FORM

Name: _____

Department: _____

Manager: _____

I was unable to work due to illness/injury* during the period noted (show all days and dates including Saturday/s and Sunday/s):

Please give brief details of the illness/injury* which prevented you from working.

Was the absence due to an accident at work? Yes No

Signed: _____ Date: _____

Signed: _____ Date: _____

(Reporting Manager)

When this form has been signed by both parties it should be sent immediately, in confidence, to ERC@Adobe.com. Adobe also reserves the right to ask for a medical certificate for absences that are less than seven days long.

Notes:

- You should complete this form where you have had a period of sickness of up to seven days including Saturdays and Sundays.
- If you are sick for more than seven days - this form should be completed and accompanied by a doctor's certificate to cover the remaining days of sickness.