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## Ssp self certification form pdf

## **What is self-certification form. How do i get a self certification form. Whats a self certification form**

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Georgia Department of Community Affairs Required Submission - Section 3 Self-Certification and Action Plan							
<p>All firms and institutions (including) in businesses with 500 or more employees and contractors (500 or more employees) with the DCA office, or personally, prior to issue a preference where cost is prior to cost of a general contracting (GCC) bid if no preference is obtained. For contracts exceeding \$100,000, this document (signed, and notarized) must be completely completed for eligible for award.</p>							
<p><b>Business Name:</b> [REDACTED] (if different from above)</p>							
<p><b>Address:</b> [REDACTED]</p>		<p><b>City:</b> [REDACTED] <b>State/Zip:</b> [REDACTED]</p>					
<p><b>Business Name:</b> [REDACTED]</p>		<p><b>Phone:</b> [REDACTED]</p>					
<p><b>E-mail:</b> [REDACTED]</p>		<p><b>Facsimile Number:</b> [REDACTED]</p>					
<p><b>Federal Employee Identification Number:</b> [REDACTED]</p>		<p><b>State Social Security Number (SSN):</b> [REDACTED]</p>					
<p><b>Current Project # (if any):</b> [REDACTED]</p>		<p><b>Current Photo:</b> [REDACTED]</p>					
<p><b>Business Description:</b></p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> Corporation  <input type="checkbox"/> Majority Foreign  <input type="checkbox"/> Joint Venture  <input type="checkbox"/> General Partner  <input type="checkbox"/> Corporation         </td> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> Building (New)  <input type="checkbox"/> Remodel  <input type="checkbox"/> General Contractor  <input type="checkbox"/> Subcontractor/Supplier  <input type="checkbox"/> Other         </td> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> General  <input type="checkbox"/> Remodel  <input type="checkbox"/> General  <input type="checkbox"/> Subcontractor  <input type="checkbox"/> Other         </td> <td style="width: 25%; vertical-align: top;"> <input type="checkbox"/> Housing  <input type="checkbox"/> Building  <input type="checkbox"/> Construction  <input type="checkbox"/> Landscaping         </td> </tr> </table>				<input type="checkbox"/> Corporation <input type="checkbox"/> Majority Foreign <input type="checkbox"/> Joint Venture <input type="checkbox"/> General Partner <input type="checkbox"/> Corporation	<input type="checkbox"/> Building (New) <input type="checkbox"/> Remodel <input type="checkbox"/> General Contractor <input type="checkbox"/> Subcontractor/Supplier <input type="checkbox"/> Other	<input type="checkbox"/> General <input type="checkbox"/> Remodel <input type="checkbox"/> General <input type="checkbox"/> Subcontractor <input type="checkbox"/> Other	<input type="checkbox"/> Housing <input type="checkbox"/> Building <input type="checkbox"/> Construction <input type="checkbox"/> Landscaping
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<p><b>Date Business was established (MM/DD/YY):</b> [REDACTED]</p>							
<p><b>Type of Business (Check One):</b> <input type="checkbox"/> Construction    <input type="checkbox"/> Residential    <input type="checkbox"/> Non-Residential  <input type="checkbox"/> General Contractor (GC)    <input type="checkbox"/> General Building/Remodeling (GR)    <input type="checkbox"/> Joint Venture  <input type="checkbox"/> Other (Describe): [REDACTED]</p>							
<p><b>Number of employees: Full-time:</b> [REDACTED]    <b>Part-time:</b> [REDACTED]    <b>Contract:</b> [REDACTED]    <b>Total:</b> [REDACTED]</p>							
<p><b>Number of employees: Full-time:</b> [REDACTED]    <b>Part-time:</b> [REDACTED]    <b>Contract:</b> [REDACTED]    <b>Total:</b> [REDACTED]</p>							
<p><b>ADA Accessibility Statement:</b> [REDACTED]</p>							

You can change your cookie settings at any time. You have rejected additional cookies. You can change your cookie settings at any time. We use some essential cookies to make this website work. We'd like to set additional cookies to understand how you use GOV.UK, remember your settings and improve government services. We also use cookies set by other sites to help us deliver content from their services. You have accepted additional cookies. You can change your cookie settings at any time. You have rejected additional cookies. You can change your cookie settings at any time. You must tell your employees what you expect them to give you as evidence of incapacity for Statutory Sick Pay (SSP) purposes and when you expect them to give it. You cannot withhold SSP for late medical evidence as this could be because your employee is unable to get an appointment with their doctor. Incapacity for 7 days or fewer You may accept: self certification verbally or by letter from SC2 for self certification or your own similar form. Incapacity lasts more than 7 days You can ask your employee to give you medical evidence or a fit note from their doctor.



It is your decision whether evidence of illness is required, and if so, what evidence is acceptable. An Allied Health Professional report is strong evidence of sickness and is usually acceptable. Your employee may give you a certificate from someone who is not a doctor, such as: osteopath, chiropractor, Christian Scientist, herbalist, acupuncturist. You decide whether or not to accept them. If you have any doubts you can still ask for a doctor's fit note. Your employee must continue to notify you of ongoing sickness. You can withhold payment if there are any days for which you have not been notified, but not for late medical evidence. Doctor's fit note – statements of fitness for work. Fit notes allow doctors to advise if the patient is not fit for work may be fit for work. This gives employers greater flexibility in managing sickness absence. A doctor may provide additional information which will help employers consider basic adjustments which can be made to help someone to return to work. These are options for you and your employee to discuss and agree. Accept the current fit note as evidence that your employee is unfit for work, if no changes are made. Precautionary or convalescent reasons. A doctor can advise an employee not to work for precautionary reasons or to convalesce because they suffer from a disease or disablement. The incapacity continues for as long as the doctor states that the employee must not work.

Infectious or contagious diseases. Your employee can be advised not to work by their doctor if they are a carrier of, or have been in contact with, an infectious or contagious disease. Bereavement. Bereavement is not an incapacity, but the relationship between your employee and the deceased, for example, as a parent or partner, could mean that your employee may well be ill. They may be suffering from shock due to the nature of death or either depression or anxiety (or both) through loss. Take into account the employee's circumstances and decide whether to accept this as the reason for incapacity.


**HM Revenue & Customs**

**Statutory Sick Pay (SSP)**  
**Employee's statement of sickness**

**About this form**

Statutory Sick Pay (SSP) is money paid by employers to their employees who satisfy the conditions for payments when they are ill and unable to work.

Please fill in 'Your statement' below when you have been sick for four days or more in a row.

**Your statement**

**About you**

Surname or family name

First name(s)

Title - enter MR, MRS, MISS, MS, or other title

What date did you last work before your sickness began?

DD MM YYYY

What time did you finish work on that date?  
(enter time in 24 hours)

SSP is only payable if you decide that the reason is acceptable. Common abbreviations used on the form:  
 sclerosis DU duodenal ulcer FB foreign body GU gastric ulcer IDK(J) internal derangement of the gut  
 RIH right inguinal hernia URTI upper respiratory tract infection UTI urinary tract infection VVs  
 decide how to monitor sickness absence, but reducing sickness absence levels can reduce costs

**FATCA Self Certification Form - Entity Only**

The Irish Government signed an Inter-Governmental Agreement with the U.S. which requires all relevant tax avoiders to Comply with FATCA. Under the Agreement, Irish tax avoiders are required to collect information relating to certain tax avoiders and to report this information to the U.S. Tax authorities. Please use parts of this self-certification to declare. Please contact us if you have any questions about your organisation's classification. Please contact your tax advisor if any information provided changes in the future, please let your advisor know the changes promptly.

**Section 1: Entity Identification details**

Entity Name:   
 Entity Address:   
 Country of incorporation or registration:

**Section 2: US Person**

Please tick either (a) or (b) below and (c) if applicable  
 (a) The entity is a Specified US Person (complete section)  
 (b) The entity is not a Specified US Person  
 (c) If yes to (a) Please provide the entity's US Federal Taxpayer Identification Number (ITIN)

**Section 3: Non US Person**

(a) Non-Financial Institution  
 Please tick either (i) or (ii) below if applicable  
 (i) The entity is an Active Non-Financial Entity  
 (ii) The entity is a Passive Non-Financial Entity  
 \*Please Note - Financial entities are required to submit and update FATCA self-certification details for each of its Controlling Persons (persons who exercise management of ownership of 50% or more of shares/equity/ voting rights)

(b) Financial Institution  
 Please tick one of the boxes and provide your FATCA GATN if (b) is applicable  
 (i) The entity is a Financial Institution or a衍境 Financial Institution  
 (ii) The entity is a Registered Domestic Compliant Financial Institution  
 (iii) The entity is a Certified/Qualified Compliant Financial Institution  
 (iv) The entity is a Participant of Financial institution  
 (v) The entity is Non-Participating Financial Institution  
 (vi) The entity is an Exempt Domestic Owner  
 (vii) Please provide your Global Remediation Identification Number (GRIN)

**Section 4: Declaration and Undertakings**

I declare, on self-interest, that the entity that the information provided in the form, to the best of my knowledge and belief, accurate and complete. I understand to advise the recipient promptly to provide an updated self-certification if any change in circumstances occurs, which causes any of the information contained in the form to be incorrect.

Authorised Signatory:

Capacity:

Date:

Repeated short absences for minor illnesses may be masking a more serious problem or a difficulty at work. You may think that an employee who claims to be sick and incapable of work is capable of doing their job and should return to work. If your employee is often away sick or they are off for a long time, you may ask for medical advice about their condition. If your employee's absence lasts longer than expected, you can stop paying SSP, but you must explain your reasons to your employee within 7 days of your decision. You can also ask for medical advice and continue paying SSP. If you decide to ask for medical advice, consider one of the following: using your own medical adviser or a report from your employee's doctor. Getting medical advice about lengthy absences. When a serious illness or injury is diagnosed, it is unlikely that incapacity for work will be in doubt during the period for which SSP is payable. Illnesses sometimes last longer than expected and a plan that considers what steps should be taken to aid a speedy return to work can be helpful. The following table gives some of the diagnoses commonly given by doctors as the cause of incapacity on medical certificates or fit notes issued by them. Similar illnesses are grouped under one heading, with a suggested time after which you may consider asking for advice. The Department for Work and Pensions (DWP) uses similar guidance when considering the control of Employment Support Allowance. Suggested review periods (in weeks) for common illnesses:

Illness	Review period (weeks)
Addiction (drugs or alcohol)	10
Anaemia (other than in pregnancy)	4
Anorexia	10
Arthritis (unspecified)	10
Back and spinal disorders (prolapsed intervertebral disc, sciatica, spondylitis)	10
Cold, coryza, upper respiratory tract infection, influenza, bronchitis	4
Concussion	4
Debility, cardiac, nervous, post-op, post-partum	10
Fainting	4
Fractures of lower limbs	10
Fractures of upper limbs	10
Gastro-enteritis, gastritis, diarrhoea and vomiting	4
Giddiness	4
Headache, migraine	4
Hernia (strangulated)	10
Inflammation and swelling	4
Insomnia	10
Joint disorders other than arthritis and rheumatism	10
Kidney and bladder disorders, cystitis, urinary tract infection	4
Menstrual disorders, menorrhagia, dilation and curettage	10
Mouth and throat disorders	4
Nervous illnesses	10
No abnormality detected	10
Obesity	10
Observeation	4
Peptic, gastric, duodenal ulcers	4
Postnatal conditions	10
Respiratory illness: asthma	10
Skin conditions, dermatitis, eczema	10
Sprains, strains, bruises	4
Tachycardia	10
Ulcers (perforated)	10
Varicose veins	10
Wounds, cuts, lacerations, abrasions, burns, blisters, splinters, foreign body	4

If you consider the employee to be incapable of doing their job, you should ask them to give their opinion as to whether they are capable of doing their own job with you or not. Stopping payment of SSP. If you decide either before or after receiving medical advice, to stop paying SSP to your employee, you should explain your decision to them. They are entitled to a written statement from you and can seek a formal decision on their entitlement to SSP from HMRC. You can use the following example of a letter, to tell your employee that you consider them not to be entitled to SSP for this reason. Only issue this letter if form SSP1 is not appropriate or does not apply. Example letter to notify your employee that you will not be paying them SSP. Date: [Date]. Dear [Name of employee], I am writing to tell you why I cannot pay you Statutory Sick Pay (SSP) for the period from — to [insert dates]. You cannot get SSP for these days because [insert the reasons]. If you have any questions about why I am not paying you SSP please contact me. If you do not agree with my decision not to pay you SSP, you can ask HMRC to make a formal decision.

## Self-Certification Form

This form should be completed by employees and managers, and a return to work discussion held following a period of sickness absence as detailed below. If an employee's return to work, for periods of sickness absence of 8 days or longer, a Fit Note must also be obtained.

Record of absence. To be completed by the employee.

Employee Name	Assignment Number
Job Title	Team
First Date of Sickness	Last Date of Sickness
AM/PM	AM/PM
Working Days Absent	Working Hours Lost
Reason for Absence	

Is absence due to a work related injury/ activity/ incident? If YES, enter details onto the Accident Recording System.

Yes  No

Record of Return to Work Discussion. To be completed by the manager in line with the Sickness Absence Management Procedure.

Have any of the following indicators been reached?

3 episodes or more in the last 6 months  5 episodes or more in the last 12 months  10 days or more in the last 12 months

Details of Return to Work Discussion, and any agreed actions, should be noted below.

If YES to any indicators, an informal review should be conducted as detailed in the procedure.

If an informal meeting has taken place previously, a formal meeting should be scheduled.

If a formal meeting is not required the reason for this should be recorded here.

Signed by Employee

Date

You should contact HMRC. Yours sincerely. Back to work action plans Back to work action planning is successful in returning people to work, particularly when used early during long term sickness absence. Evidence shows that people are more likely to get back to work when they talk to their employers during periods of sickness and make plans for returning to work. These plans can be a powerful tool in helping people get back to work quickly when they become ill. Their purpose is to guide a discussion and set a framework for actions to consider when an employee has been absent from work for between 4 to 6 weeks. It provides a snapshot of information at a particular time and is open to regular review. If you agree a phased return to work or altered hours after a period of sickness, pay SSP for the days that your employee is sick in the normal way. Any day for which SSP is paid will count towards the maximum entitlement of 28 weeks. Your employee's absence must form a period of incapacity for work before SSP is paid.