

**MA1 SELF CERTIFICATION / DECLARATION**

To be completed by the employee on return from sickness/industrial injury absence.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Day |  |  | Date | |
| 1st day unfit for work |  |  |  |  |  |  |

|  |  |
| --- | --- |
| If left work early - time finished | am/pm |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Day |  | |  | Date | | |
| Last day of absence |  |  |  |  | | |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Absence due to (please tick) | Sickness |  | Industrial Injury |  |

Reason for absence

**A Statement of Fitness for Work is required for absences of 8 days or more**

I declare that the information I have given is correct and I understand that any attempt to give false information could lead to disciplinary action and/or suspension of occupational sick pay.

Name: Signature:

Date:

Absence dates agreed by headteacher / nominated representative.

Name: Signature:

Job title: Date:

*This form to be retained by the school, with a copy given to the employee*