# **academic work** **ab Declaration of sickness**

**Employee´s assurance of illness, day 1-14**

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| --- |
| Date for declaration of sickness      |

## employee

|  |  |
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| Name      | Personal identity number      |

## declaration

Because of my own illness, I have not been able to work (day 1 = first day of sickness, day 2 = second day of illness etc). **NOTE!** Even intermediate Saturdays, Sundays and Holidays are to be noted.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Day** | **Date** | **Sick entire day** | **Sick part of day (hours)** | **Ordinary amount of working hours a day** |
| 1 |       | [ ]  |       |       |
| 2 |       | [ ]  |       |       |
| 3 |       | [ ]  |       |       |
| 4 |       | [ ]  |       |       |
| 5 |       | [ ]  |       |       |
| 6 |       | [ ]  |       |       |
| 7 |       | [ ]  |       |       |
| 8 | NOTE! Medical certificates are required from day 8. |

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| Sick leave continues after day 7 Yes [ ]  No [ ]  |
| Medical certificate (attached) until | Date      |
| Back at work | Date      |

## signature

I assure that the information above is correct

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| --- |
| City and date |
| Employee´s signature | Clarification of signature |