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

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

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

## employee

|  |  |
| --- | --- |
| 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. | | | |

|  |  |
| --- | --- |
| 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

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