



LUNDS UNIVERSITET

DECLARATION

Illness

DEPARTMENT (equiv.)	Internal mailing code
	Cost centre

Personal identity number	
Surname	First name
Address	
Postal address	

Position	I am employed at %	of which I work %	Illness (optional)
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I declare that because of illness I have been unable to work	As of year	month	day	Until year	month	day
Completely – 100%						
Not completely – 75%						
Half the time – 50%						
For less than half the time – 25%						

Do you work for the same number of hours each weekday Monday to Friday? Yes No

If you answered no to the question above, please complete the number of hours in the timetable below, where week 1 is the week you fell ill:

	Mon	Tues	Wed	Thurs	Fri
Week 1					
Week 2					
Week 3					
Week 4					

I fell ill within five calendar days of my previous period of illness, of which the last sick day was
I have had 10 qualifying days of illness (for which there is no compensation) within 12 months, the first period of illness being
The decision from the Social Security Office on increased sick pay is attached <input type="checkbox"/> has already been submitted <input type="checkbox"/>
Complete in the case of accident or illness at work Accident at work <input type="checkbox"/> Accident on the way to or from work <input type="checkbox"/> Illness caused by work <input type="checkbox"/>

Signature	Date
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