

Declaration of absence

Name:
Birthday and year OR AUID:
Department:

I HEREBY CONFIRM

A.	that I have been unfit for work due to ILLNESS		
	Date and year of first day of illness:	_____	
	Date and year of last day of illness:	_____	
	The illness is covered by an approved agreement concerning long-term or chronic illness under section 56 of the Danish Sickness Benefits Act (in Danish: Sygedagpengeloven)	Yes: ____	No: ____
	The illness is covered by section 1(3) of the Danish Act on Benefits in the event of illness or childbirth (Lov om dagpenge ved sygdom eller fødsel) concerning persons employed in flex jobs (entitled to sickness benefit refunds from first whole day of illness.:	Yes: ____	No: ____
B.	that I have been unfit for work due to a WORK-RELATED INJURY		
	Date and year of first day of absence:	_____	
	Date and year of last day of absence:	_____	
C.	that I have been absent due to my CHILD'S FIRST DAY OF ILLNESS		
	Date and year of day of absence:	_____	
	that I have been absent due to my CHILD'S SECOND OF ILLNESS		
	Date and year of day of absence:	_____	
D.	that I have been absent due to having taken CHILDCARE DAYS		
	Date and year of first day of absence:	_____	
	Date and year of last day of absence:	_____	
	Whole days:	_____	Half days: _____
E.	that I have been absent due to having taken SPECIAL HOLIDAYS		
	Date and year of first day of absence:	_____	
	Date and year of last day of absence:	_____	
	Whole days:	_____	Half days: _____
F.	that I have been absent due to having taken SENIOR DAYS		
	Date and year of first day of absence:	_____	
	Date and year of last day of absence:	_____	
	Whole days:	_____	Half days: _____

Date _____

Signature _____