|  |  |
| --- | --- |
| Surname, first name      | Swedish national registration number      |
| Institution and work telephone      |

**Work amount**

|  |
| --- |
| Work amount in percent: [ ]  Works everyday[ ]  Does not work everyday – fill in usual days of work by marking belowEven weeks Odd weeks M Tu W Th F M Tu W Th F[ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  |

**Sick leave**

|  |
| --- |
| Became ill at work: [ ]  no [ ]  yes – fill in date and time belowCame to work on the following date:  time and went home Ate lunch between       and       |
| DateFrom - to | Extent of sick leave, mark 100% 75% 50% 25% |
| insurance\_in\_conjunction\_with\_illness 110201 |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Declaration**

|  |
| --- |
| **I declare that the above information is correct:**Date and signature |