|  |  |
| --- | --- |
| 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 below  Even 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 below  Came to work on the following date:  time and went home  Ate lunch between       and | | | | |
| Date  From - 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 |