Solemn declaration Absence documentation

To be completed by employee

Name: _____
Personal Id-No.: _____
Address: _____
Postal code + city _____
Store/dept.: _____

I hereby certify that:

1. I am absent from work because of:

◯ illness ◯ industrial injury ◯ pregnancy

My absence is expected to last: _____ days

2. I have been absent from work due to:

◯ illness ◯ industrial injury ◯ pregnancy ◯ _____

The absence lasted from the _____ to _____

_____ _____
Date Employee signature

For company's use:

Documentation received in the company: _____

This form can be used both during the absence '1' as well as for subsequent documentation, once work has been resumed '2'.

The declaration liability rests under Penal Code § 279, which concerns fraud. It is thus an offence to indicate illness, industrial injury, pregnancy or other cause of absence, should the absence be caused by factors other than the specified.