

SELF-DECLARATION

Some clarifications:

- 1 You must have been employed for at least two months before a self-declaration can be used. Self-declaration can only be used for "hole/complete" sick-days up to a maximum of 3 calendar days at a time. Illness beyond three calendar days must be documented by a doctor. Employees have the opportunity to make use of up to four separate self-declarations during a 12 month period. This does not follow the calendar year.
- 2 When starting a new absence within 16 days the former absence days are counted.
- 3 You can not use Self-declaration during vacation or if you are on a graded sick leave.
- 4 Self-declaration for children / childminder can be used after 4 weeks of employment. It can be used up to 10 days per calendar year for children under the age of 12 years (calendar year when the child turns 12 years).
- 5 The employer may, in accordance Folketrygdeloven § 8-27 provide up to six months ' quarantine ' when four separate self-declarations has been used within a 12 month period. The employee will be contacted to respond before a decision is made.

This form has to be submitted / sent signed to route manager / personnel office, no later than the first working day after sick leave.

EMPLOYEE NAME	SOCIAL SECURITY NR.	ROUTE NUMBER
I'VE BEEN AWAY FROM WORK IN THE FOLLOWING PERIOD		
FROM (DATE)	THROUGH (DATE)	
TYPE OF ABSENCE	OTHER RELEVANT INFORMATION FOR THE EMPLOYER	
<input type="checkbox"/> Sick <input type="checkbox"/> Child`s disease <input type="checkbox"/> Childminders disease <input type="checkbox"/> Other reasons		

TO BE COMPLETED WHEN CHILD`S DISEASE	CHILDS DATE OF BIRTH		
Child`s name:			
Do you have the care for more than 2 children under 12 years old?	Yes		No
Are you the sole provider for the child/children?	Yes		No

If you have extended rights regarding sick-pay (according to resolution from NAV) because you are caring for chronically ill or disabled children then state this and attach a copy of the decision.

WORK RELATED HEALT PROBLEM`S? YES NO UNCERTAIN

IF YES. WHAT RELATION HAS THIS TO DO WITH YOUR ABSENSE?	WORK RELATED RESPONSIBILITIES
WHAT TASKS CAN YOU PREFORM -IN WHOLE OR PARTLY?	
DO YOU HAVE SUGGESTIONS FOR HOW WE CAN FACILITATE FOR YOU AT YOUR WORK PLACE? (AID, ORGANISATION,RESPONSIBILITIES, WORK HOURS AND MOORE)	
DO YOU WISH TO HAVE A CONVENATION WITH THE CORPORATE DOCTOR?	
<input type="checkbox"/> YES <input type="checkbox"/> NO	

EMPLOYEE SIGN. /DATO

MANAGER SIGN./DATO