

# Employment termination certificate due to illness of mother during pregnancy



Documentation may be returned to the e-mail address: [faedingarorlof@vmst.is](mailto:faedingarorlof@vmst.is), and by post to Fæðingarorlofssjóður Strandgötu 1, 530 Hvammstanga - or to the nearest Vinnumálastofnun Service Centre.

It is hereby confirmed that \_\_\_\_\_ ID No.: \_\_\_\_\_  
Name of employee

was employed by \_\_\_\_\_ ID No.: \_\_\_\_\_  
Name of company

from \_\_\_\_\_ in a \_\_\_\_\_ percentage of fulltime job ratio.  
Date/month/year Percentage of fulltime job ratio

She retired due to illness: \_\_\_\_\_  
Date/month/year

The sickness entitlements were completed: \_\_\_\_\_  
Date/month/year

\_\_\_\_\_  
Place and date

\_\_\_\_\_  
Signature of employer and stamp