

Employer's confirmation of sick leave



Documentation may be returned to the e-mail address: 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