

Employer's certificate

Relating to the application for cash sickness benefits

1. Company name	2. ID No. of company
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It is hereby certified that

3. Name of employee	4. ID No. of employee
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5. When was the last working day of the applicant before the beginning of the illness?
6. FT/PT ratio %
7. The employee is entitled / was entitled to wages up to and including

8. Other information that the employer wishes to include
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Place and date	Signature and stamp of employer
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The payroll officer is authorised to send these Information through Gagnagátt.