

For employees in Dansk Supermarked Group

Dansk Supermarked Group
Rosbjergvej 33
8220 Brabrand

CVR-nr: 35 95 47 16
dansksupermarked.com

Solemn declaration

Absence documentation

To be completed by employee:

Name: _____

Personal ID number: _____

Address: _____

Postal code and city: _____

Store/department: _____

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
 other, and what _____

The absence lasted from the _____ to the _____

Date: _____

Employee signature: _____

For company's use:

Documentation received in the company on the: _____

This form can be used both during the absence and after the absence.

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.
