

# Employer's certificate

## 1 - WORK ABSENCE INFORMATION

I hereby certify that (First, Middle, Last name): \_\_\_\_\_

Was absent from work from (MM/DD/YYYY): \_\_\_\_\_ To (MM/DD/YYYY): \_\_\_\_\_ inclusive.

Resume **partial or modified** duties on (MM/DD/YYYY): \_\_\_\_\_

Resumed or expected to resume **full** duties on (MM/DD/YYYY): \_\_\_\_\_

## 2 - OCCUPATION INFORMATION

Job title, occupation and daily duties are as follows (please include job description if available):

\_\_\_\_\_

Was an accident report filed for Worker's Compensation benefits?    Yes     No

Is this person receiving group disability benefits?    Yes     No

If the loss of time is due to an accident at work, please give the date and a detailed description of the accident:

\_\_\_\_\_

## 3 - EMPLOYER'S IDENTIFICATION

Company name: \_\_\_\_\_

Company address: \_\_\_\_\_

Authorized person's name and job title: \_\_\_\_\_

Authorized person's contact information: \_\_\_\_\_

Authorized person's signature: \_\_\_\_\_

Date (MM/DD/YYYY): \_\_\_\_\_