

Claim #

**CERTIFICATE OF EMPLOYER**

I hereby certify that: MR.  MRS.  MS.  MISS

\_\_\_\_\_  
First
Middle
Last

Day/Month/Year
Day/Month/Year

Was absent from work from: \_\_\_\_\_ to \_\_\_\_\_ (Inclusive)

He (she) was first able to resume part of his (her) duties on: \_\_\_\_\_

And all of his (her) duties on: \_\_\_\_\_

His (her) occupation and daily duties are as follows:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**Company Stamp (with full name, address and telephone number)**

\_\_\_\_\_  
 Name Position

\_\_\_\_\_  
 Signature of Employer

\_\_\_\_\_  
 Telephone No. Fax No.

\_\_\_\_\_  
 Date