



UNIVERSITÄT PADERBORN | 33095 PADERBORN

VERTRAULICH-PERSONALSACHE

An das
Sachgebiet 4.3 im Personaldezernat
der Universität Paderborn
33095 Paderborn

Fon 05251 60 - 5295 oder - 4297
Fax 05251 60 - 4022
Mail Krankmeldungen-np@upb.de
Krankmeldungen-wp@upb.de

name:
first name:
date of birth:
field of application:

sick note

Please tick and/or fill in as appropriate!

Incapacity for work (AU) has existed since:

Before taking up duty:

After taking up duty:

Inability to work expected until:

Medical confirmation has been given no yes, on

Extension of the current incapacity to work from: to

Medical confirmation has been given no yes, on

I have private health insurance (AU certificate is submitted by employee)

Medical certificate is attached will be submitted later

I have statutory health insurance (certificat of sickness is requested by the employer from the health insurance fund).

Name of the statutory health insurance:

If necessary:

Certificate of sick leave (e.g. from hospital) is attached will be submitted later

Health message

resumption of service from