

Notification of incapacity for work

If the details of an existing notification change (e.g. period, existence of a certificate of incapacity for work) or if your incapacity for work is extended (e.g. in the case of a follow-up certificate), inform your supervisor and complete the form again.

If you are absent because your child is ill, please use the (Lucom) form **Sonderurlaub / Arbeitsbefreiung**.

If you have any further questions, please do not hesitate to contact the payroll clerks. Further information and links can also be found at <https://umg.eu/krank>.

Personal Details	
Address Surname, First Name E-Mail telephone (business) Staff number Institution	
Are you privately insured?	<input type="checkbox"/> yes <input type="checkbox"/> no
Sickness notification details	<input type="checkbox"/> incapacity for work with certificate <input type="checkbox"/> incapacity for work without certificate max. 3 days
unfit for work since	
unfit for work until	follow-up certificate
reason for incapacity for work	<input type="checkbox"/> Sickness employee <input type="checkbox"/> Cure, rehab
On the 1st day of the incapacity for work I have already worked: (i.e. left work early that day) please state the hours you worked: from: until:	
In case of illness due to accident	
Type of accident	<input type="checkbox"/> private <input type="checkbox"/> occupational
Type of occupational accident	<input type="checkbox"/> Commuting accident <input type="checkbox"/> Work accident
Was a third party involved?	<input type="checkbox"/> yes <input type="checkbox"/> no
Notes 	
Attachments	Please attach if necessary
Forwarding	Forward the report to your supervisor. PUMG: Please forward to your PD/PDL 1-6.
Bearbeitung Vorgesetzter*	Nehmen Sie die Eingabe in SAP nicht selbst vor, leiten Sie d. Vorgang an eine SAP-pflegeberechtigte Person innerhalb Ihrer Einrichtung oder die*den Sachbearbeiter*in Entgelt in der Personalabteilung weiter.