

**Notification to request an
Electronic certificate of incapacity for work (eAU)
at the University of Paderborn**

Name, first name	
Date of birth	
Department/Faculty	

I am

Researcher	Apprentice
Technical and administrative employee	Student/Research Assistant; <small>then please specify health insurance company</small>

Initial certificate

a.) I have been ill since

		Before starting work
date		After commencement of work

b.) I am expected to be ill until

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date

c.) The medical certificate/The doctor's visit took place on (Information mandatory)

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date

Follow-up certificate:

a.) I am still on sick leave

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from until

b.) The medical certificate/ The doctor's visit took place on (Information mandatory)

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date

Please submit report:



non scientific staff Krankmeldungen-np@zv.upb.de
e-Mail scientific staff Krankmeldungen-wp@zv.upb.de
Assistents Krankmeldungen-hk@zv.upb.de

phon 05251-5295 oder 4297

postal adress Universität Paderborn, Personaldezernat-SG4.3, 33095 Paderborn

Download the public keys for encrypted e-mail communication via S/Mime at:
www.uni-paderborn.de/zv/dezernat-4 (Box:Sick and healthy notification)