



CERTIFICATE OF ABSENCE for the payment of daily allowances

To be completed by the employer

The undersigned employer: N°
certifies that Mr/Ms Registration N°
stopped work on / / due to:
☐ Returned to work part-time on / /
☐ Returned to work full time on / /
☐ Has not returned to work

The salaries (one-off bonuses included) and employment corresponding to the periods prior to the work interruption amount to:

	Month	Salary	Hours
• in the previous month	<input type="text"/>	<input type="text"/>	<input type="text"/>
• during the month the employee stopped work	<input type="text"/>	<input type="text"/>	<input type="text"/>

If the employer has requested the direct payment of the daily allowances amount

Recipient N°

The employer also certifies that this interruption (*)related to an accident, which occurred at work or the journey between the place of work and home.

Drawn up in Monaco,

Signature and stamp of the employer

(*)to be completed by **IS** or **IS NOT**

To be completed by the insured

Number of dependent child(ren) in the household:

If the work interruption lasts for a period of less than 15 days, submit this certificate to the CCSS when you return to work.

If the work interruption lasts for a period of more than 15 days, submit this certificate of absence to the CCSS every two weeks and when you return to work.