**Subject:** Application for the issuance of an absence from work Certificate

for Public Health Reasons

Individuals, who require the issuance of an absence from work Certificate for reasons of Public Safety, should fill in the following personal details:

**Application Date:** …..……………………………………………………………….

**Name and Surname:**..……………………………………………………………….

**Identification Number (I.D)\* or Passport Number\***…..…….…………………..

\* a copy should be attached

**Permanent Residence Address:**.……………………………….………..……….

…………………………………………………………………………………………..

**Telephone Number**…….…………………………………………………………..

**Date of arrival:**…………………………………………………………

**Arrival Country:**…………………………………………………………………….

**Signature:**…………………………………………………………………………..

\*Please attach **travel documents** (Boarding Card, Travel Ticket), to verify the date of arrival to Cyprus.

*The application should be send with fax at 22771496 or email at* [*smichael@papd.mof.gov.cy*](mailto:smichael@papd.mof.gov.cy)