

**Employee Health and Accommodations (EHA) - University of Waterloo**

200 University Avenue West, Waterloo, ON N2L 3G1

Phone: (519) 888-4567 ext 40538 | Fax: (519) 888-4377 | E-mail: [OccupationalHealth@Uwaterloo.ca](mailto:OccupationalHealth@Uwaterloo.ca)

## Medical Leave of Absence Request Form

The University of Waterloo is committed to ensuring you can access and participate fully in your employment. EHA is the centralized office for the management of workplace accommodations for all employees. EHA is the designated office for the management of accommodation requests related to disabilities. The term 'disability' covers a broad range and degree of conditions that can be permanent, temporary, episodic, and suspected, including temporary disabilities, chronic conditions, disabling illness, as well as the physical, emotional, and psychological effects of a trauma (e.g., sexual violence, geographic violence). You will not be asked to share your experiences of racial trauma or violence – only to express the specific impacts on your workplace functioning (e.g., impacts on short-term memory, ability to focus, etc.) You should not feel pressured to disclose any information about your experiences that you do not want to.

At Employee Health and Accommodations, we design and implement your accommodation plan by working closely with you, your supervisor, and relevant campus partners to remove barriers and build capacity for success. Consent and confidentiality are crucial principles within this process. More information about consent, confidentiality and how we protect your private health information can be found on our Consent and Confidentiality website. If you have questions or need more information before initiating this application process, please contact our office. We are here to help! There may be times where you have information and support needs that cannot be met within the scope of this office. In these instances, we will ensure you are informed of, and connected with, the campus resource that is best suited to meet your needs (e.g., Human Resources Partners, Conflict Management Office, UWSA, FAUW, etc).

### SECTION 1: CONFIDENTIALITY & AUTHORIZATION FOR RELEASE OF INFORMATION

Following all applicable legislation and privacy standards, your information is kept confidential within the Employee Health and Accommodations (EHA) department.

The information provided in this form, including any medical diagnosis(es), is kept ***strictly confidential***. Your information will be stored in EHA's confidential records.

By signing below, I verify the accuracy of the information provided in this form and I consent to the use of the information in the form for the purposes of exploring workplace accommodations.

Employee Signature	Date completed (DD/MM/YYYY)
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Applicant's informed authorization for disclosure of information is obtained in accordance with the following sections of the Freedom of Information and Protection of Privacy Act. Sections 41.(1)(a), 41.(1)(b), and 41.(1)(c) allowing for the use of personal information and sections 42.(1)(b), -s.42(1)(c), and s.42(1)(d) allowing for the disclosure of personal information.



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Employee  
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## SECTION 2: EMPLOYEE CONTACT INFORMATION

First and Last Name	
Employee WATIAM username	
First Day Absent	

Is this your first submission for this Medical Leave of Absence?

Yes, this is a new medical leave of absence

No, this is an update for an ongoing medical leave of absence

Do you have an anticipated return to work date?

Yes

No

If yes, enter anticipated return to work date (dd/mm/yyyy)

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## SECTION 3: WORKPLACE INFORMATION

Employee Email	
Alternative Contact (Optional)	
Job Title	

Employer (Select All That Apply):

University of Waterloo

Conrad Grebel University College

Renison University College

St. Jerome's University

United College

Department	
Supervisor Name	
Supervisor Email	

## SECTION 4: ACCESSIBLE FORMATS

**Do you require accessible formats of materials through this process?**

Yes

No

## SECTION 5: ADDITIONAL INFORMATION (OPTIONAL)

Please provide any other information about your symptoms, impacts, functional limitations that Employee Health and Accommodations (EHA) should consider. Please note EHA does not require you to share the details of your traumatic experience and does not require you to disclose your diagnosis.

## SECTION 6: MEDICAL DOCUMENTATION

**Documentation can be submitted at a later time through the following options:**

1. Email to [occupationalhealth@uwaterloo.ca](mailto:occupationalhealth@uwaterloo.ca),
2. Using Movelt, the University's Secure File Transfer Service (send to [occupationalhealth@uwaterloo.ca](mailto:occupationalhealth@uwaterloo.ca)), or
3. In-person using our secure Drop Box located at Commissary – COM 115 (University of Waterloo - Main Campus).