



### Instructions for Completion

For absences of five working days or longer, have your Physician complete this UWaterloo Sick Leave/Return to Work form. In some cases, managers may (in consultation with Human Resources) request employees to provide the UWaterloo Sick Leave/Return to Work form for shorter absences.

**Once completed, this document should not be provided to your Manager/Chair.**

Staff should return the completed document to the Disability Advisor located at the General Services Complex or by Fax # (519) 888-4377 or scan and email to: [absent@uwaterloo.ca](mailto:absent@uwaterloo.ca) . You may choose to send the form directly to the Occupational Health Nurse as noted below.

Faculty should return their documents directly to the Occupational Health Nurse as noted below.

*Email: [kparkinson@uwaterloo.ca](mailto:kparkinson@uwaterloo.ca) Or Telephone: 519-888-4567 ext. 40538*

*Email: [cassie.hunter@uwaterloo.ca](mailto:cassie.hunter@uwaterloo.ca) Or Telephone: 519-888-4567 ext. 40551*

*Occupational Health Confidential fax: 519- 888- 4377*

### **Employee's Responsibilities**

- Any costs associated with providing this information is the responsibility of the employee.
- Complete Employee Section A of the document.
- Provide this document to your treating Physician for completion and discuss the information requirements.
- Review the completed form to ensure only the required information is provided (not diagnosis).
- Upon completion, return the document as instructed above in a timely manner.

### **University's Responsibilities**

- This form provides general information about your abilities and limitations to assist with the planning of an early and safe return to work.

### **Guidance for Physicians**

- Complete the Physician Section B. Section C should **only** be completed when your patient requires accommodation.
- The employer and employee will use this information to plan the employee's early and safe return to work.
- Their return to work plans will reflect the abilities and limitations you have noted and presume that no clinical contraindications exist for other work activities; therefore it is crucial that all sections be completed in full when accommodation is required.
- **Diagnostic or confidential information must not be included.** Nature of Condition information should be restricted to the general statement of a person's illness or injury in plain language without any technical/medical details such as diagnosis or symptoms.
- **Once you have received this document, please provide the completed form promptly to your patient.**