



Short Term Disability/Sick Leave - Physician's Form

Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_

In accordance with the University's Short Term Disability Policy, adequate medical documentation is required in order to receive salary during a short term illness/injury. Please have your physician/specialist prepare a response to the following questions:

1. Verification of the illness or injury
2. Confirmation that the above stated employee, is ill and unable to perform all or some of the functions of his/her job.
3. Date that the employee has been examined and the dates of follow-up appointments.
4. Confirmation of any medical restrictions or functional limitations that the University should be aware of in order to facilitate your return to work, or accommodate an earlier return to work, or work on a part-time basis.
5. What is the estimated date of return to work? If unknown, what is the likelihood of a return to full-time duties in the short-term and long-term?

Physician's Signature \_\_\_\_\_ Date \_\_\_\_\_

Your physician may fax this to the Bursar's Office confidential fax 902-446-6229

Regular medical updates (monthly) are required to receive salary payments. Failure to do so, may result in your salary being suspended.

Should you have any questions regarding the University's Short Term Disability Policy, please contact Dolly McIntyre, Payroll & Benefits Officer at 902-422-1271 ext 220