

UNA Member On Leave Of Absence

Date: _____

Name: _____

Current contact numbers: home: _____ cell: _____

Other: _____ e-mail address: _____

Site/Office: _____ FTE: _____ UNA#: _____

CHECK THE APPROPRIATE DESIGNATION

_____ Maternity Leave _____ WCB Injury

_____ Educational Leave _____ STD

_____ Sick Leave _____ LTD

Brief summary of injury/illness:

Initial date of Injury/illness: _____ Date STD/LTD started: _____

Expected Date of Return to Work: _____

Temporary Restrictions:

Permanent Restrictions:

Contacts:

Human Resources Consultant _____

WCB Case Manager _____

WH&S Ability Advisor _____

Great West Life Case Manager _____

Please provide any other information that you think is important or that we may require. All information is confidential and voluntary.