

# WELLNESS RESOURCES REFERRAL FORM FOR SGI CLAIMS

To assist Wellness Resources in providing services and supports when a health matter may be impacting an employee's ability to work, please complete this Wellness Resources Referral Form and submit the completed form to **wellnessresources@usask.ca**, including any medical notes received.

Date of Referral (mm/dd/yyyy)	<b>Referred by</b> (If this is not a self-referral, please ensure the employee is aware of this referral.)								
	Self-Referral Other								
Reason for Referral									
Short-term Disability (exceeding 5 days) Medical A	commodations (Employee still at work)	Wellness Consultation	Other						
If short-term disability,									
Last full day worked before absence (mm/dd/yyyy)	First day absence began (mm/dd/yyyy)		Benefit Start Date (mm/dd/yyyy)						

## **Employee Information**

Employee ID	First Name				Last Name			
Gender			Date of Birth	Job Tit	le			
Female Male Geno	der Variant prefer not to disclos	se						
Home Address		City			Province	Country		Postal Code
Work Phone	Cell Phone (While on leave)	Work Email				Personal Email	(While on le	eave)
Employment Group					College/Depa	rtment		
ASPA USFA Exempt Non-union Employees CUPE 1975 Sick leave balance (hours)								
Employment Type	Position Type		If temporary, start and	end da	te (mm/dd/yyyy)		Hours wo	orked per week
Full Time Part Time	Permanent Ter	mporary						

### **USASK Information**

Manager's Name		Telephone	Email			
Human Resources Strategic Business Advisor (SBA)		Telephone	Ema	Email		
Human Resources Strategic Business Advisor (SBA)		Telephone	Ema	Email		
Who is accountable for processing your unit's payroll actions (EJS's)		<i>If Other,</i> Name	Telephone E		Email	
ConnectionPoint Other						
Do you know why the Employee is currently absent?	If yes, pleas	ease provide details (Use additional Information box if more room needed.)				
Yes No Unknown						

## **Additional Information**

Are there any additional comments or related issues to this referral (ex – attendance, work performance etc?) (ex – attendance, work performance etc?)

#### Please email this form, along with any medical notes received to:

Email: wellnessresources@usask.ca