

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 **dmadmin@lifemark.ca**, including any medical notes received.

**\*Denotes mandatory field**

<b>*Date of Referral</b> (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 _____	
<b>*Reason for Referral</b>		
Extended Medical Absence - exceeding 5 days (Complete ALL sections below)		Wellness Consultation
Medical Accommodations (Employee still at work)		Other:

**PART A: Employee Information**

Last Name	First Name	Employee ID	
Email (While on leave)	Telephone (While on leave)	Date of Birth (mm/dd/yyyy)	Gender
Job Title	College/Department	Is employee still working? Yes      No	

**PART B: Additional Employee Information** (To be completed if employee is (or will be) absent from work due to medical)

Please attach the employee's job profile or job posing and the position Physical Demands Analysis (PDA), if their position has a PDA.

Last full day worked before absence (mm/dd/yyyy)	First day absence began (mm/dd/yyyy)	Date of Hire (mm/dd/yyyy)	
Employment Group ASPA      USFA      Exempt      CUPE 1975 Sick leave balance _____ (hours) Other: _____	Employee Type Full Time Part Time (FTE _____)	Position Type Permanent Temporary	If temporary, start and end date (mm/dd/yyyy) START      END
Has employee returned to work? Yes      No	If <b>Yes</b> , indicate date returned (mm/dd/yyyy)	If <b>no</b> , is a return to work date known? Yes      No	Anticipated date of return (mm/dd/yyyy)

**PART C: Employer Information**

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

**PART D: Additional Information**

Are there any additional comments or related issues to this referral (ex – attendance, work performance etc?) (ex – attendance, work performance etc?)
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**Please email this form, along with any medical notes received to:**

Email: dmadmin@lifemark.ca

If you have any questions please contact Wellness Resources: Tel: 306-966-4580