



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](mailto:wellnessresources@usask.ca), including any medical notes received.

|   |  |  |  |
|---|--|--|--|
| <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.)<br>Self-Referral      Other _____ |  |  |
| <b>Reason for Referral</b><br>Short-term Disability ( <i>exceeding 5 days</i> )      Medical Accommodations ( <i>Employee still at work</i> )      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<br>Female    Male    Gender Variant    prefer not to disclose  |                                      | Date of Birth                           | Job Title          |   |                       |
| Home Address  |                                      | City                                    | Province           | Country                                       | Postal Code           |
| Work Phone  | Cell Phone ( <i>While on leave</i> ) | Work Email                              |                    | Personal Email ( <i>While on leave</i> )      |                       |
| Employment Group<br>ASPA    USFA    Exempt    Non-union Employees    CUPE 1975 Sick leave balance _____ (hours) |                                      |   | College/Department |   |                       |
| Employment Type<br>Full Time    Part Time   |                                      | Position Type<br>Permanent    Temporary |                    | If temporary, start and end date (mm/dd/yyyy) | Hours worked per week |

### USASK Information

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

### 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](mailto:wellnessresources@usask.ca)

If you have any questions please contact [wellness.resources@usask.ca](mailto:wellness.resources@usask.ca) or [306-966-4580](tel:306-966-4580)