

## Medical Note – Summary Form (Employees in SSLA only)

### Employee Section

Employee Full Name (printed): \_\_\_\_\_

Employee ID #: \_\_\_\_\_

Department Name: \_\_\_\_\_

Date Medical Note Provided to Approver: \_\_\_\_\_

Date(s) on Medical Note: \_\_\_\_\_

Notes:

1. Your employee ID # can be found on your cheque stub (9 digit number).
2. Keep a copy of your note for your records.
3. Attach your medical documentation to this form.
4. Give completed form & medical note to your Approver.

### Approver Section

**Required Action for Compensation & Benefits:**

- File only
- Update leave request to “sick leave – certified” for dates indicated on note & file

**Approver/Manager Signature:** \_\_\_\_\_

Note:

1. Forward completed form with medical note to the Compensation & Benefits Service Center via

**Email:** [CompensationBenefits@gov.nl.ca](mailto:CompensationBenefits@gov.nl.ca) (use subject line: *Medical Note & Summary Form*)

**or Mail:** Compensation & Benefits Division  
Human Resource Secretariat  
Main Floor, West Block  
P.O. Box 8700  
St. John’s, NL A1B 4J6

2. The approver is responsible for ensuring that forms are sent to the correct email or mailing address