

## **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 (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

Under the authority of the **Financial Administration Act**, personal information will be collected for the purpose of processing your sick leave request(s). Your personal information is protected by the Access to Information and Protection of Privacy Act and will not be disclosed without consent or authorization. Any questions or comments can be directed to the Compensation and Benefits Service Centre Specialists at 729-7690, 1-888-729-7690 or <a href="mailto:compensationBenefits@gov.nl.ca">compensationBenefits@gov.nl.ca</a>.