St. Paul Education 4313-48 Avenue St. Paul, AB T0A 3A3

Certificate of Illness (under 2 weeks) Human Resource Services

Please ensure that both the employee and medical practitioner portions are completed and forwarded directly to St. Paul Education, Human Resource Services, 4313 – 48 Avenue, St. Paul, AB T0A 3A3, Fax: (780) 645-5789 or phone (780) 645-3323. This form is provided for your convenience.

EMPLOYEE INFORMATION: To be completed by the St. Paul Education Employee
Name:
Location: Position:
Last Day Worked:
MEDICAL PRACTITIONER: Please fax to the Human Resource Services at (780) 645-5789
The above named St. Paul Education employee has a medical condition/injury, which renders the employee unable to perform his or her work duties. YES NO Date of Disability:
Is the cause of the illness/injury work related? YES NO He/She is under my care and is receiving and participating in all appropriate treatment for that condition: YES NO
Expected return to work (date): If unknown, is the absence likely to be: 30 days 30-60 days 60-90 days >90 days
Is your patient capable of performing modified work? YES NO When:
If your patient required modified duties or medical accommodation for a return to work please contact HR for assistance at (780) 645-3323.
Doctor's Name:
Address & Phone #:
Signature: Date:
I hereby agree to the release of the above information to Human Resources of the St. Paul Education.
Date:
(Employee's Signature)
If you have any questions regarding the use of this form you may wish to contact HR.

The personal information on this form is collected under the authority of the Alberta Freedom of Information and protection of Privacy Act for the purpose of reporting non-work related illness or injury. If you have any questions about the collection, use or disclosure of this information, contact the Superintendent of Schools, 4313-48 Avenue, St. Paul, AB T0A 3A3 - Telephone (780) 645-3323.