



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**, 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)		Motor Vehicle Accident Injury - SGI claim	
Medical Accommodations (Employee still at work)		Wellness Consultation	
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 positing and the position Physical Demands Analysis (PDA), if their position has a PDA.

Last full day worked before absence (mm/dd/yyyy)		First day work/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    If temporary, start and end date (mm/dd/yyyy) Permanent    START    END Temporary	
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	
Who is accountable for processing your unit's payroll actions (EJS's) ConnectionPoint    Other		If Other, Name		Telephone	
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?)	
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**Please email or fax this form, along with any medical notes received to:**

Email: [wellnessresources@usask.ca](mailto:wellnessresources@usask.ca) ■ Fax: 306-966-2882

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