# **Step 2 Instructions**

**Forms Activity** 





		Be at Work X	🔀 PSCC	lient   For	ms Activity	/ ×	+									-	đ
- (	C 6	ttps://pscclient.saskatchewa	n.ca/ords/	′f?p=151	:2::WIZA	RD:NO::CU	JR_PROC	ESS_ID,CUR_STEP_ID:588	30,116256	5&cs=3uZ59H A <sup>№</sup>	$\overleftrightarrow$	¢	C	۲ౖ≡	Ē	∞	
ŀ	S	Client											Q	ŵ	?	R 4473	3 ~
1	(10)																
	<b></b>					•		•		•		•			Nex	t >	
n		Identification Information Fo	rms Activity	/	A	bsence Detai	ils	Stay at Work/Return to Wo Details	ork	Phase I and II Planning	Fil	le Closure/Au	thoriza	ition			
)	NOTE	All documentation related to this case ely destroyed. No medical documentation	shall be u on should	iploadeo I be mai	d. All pap ntained i	er copies on the worl	containi kplace p	ng medical information ersonnel files.	can be						Ø	•••	
	NOTE	Sufficient medical information is requi	red to ap	prove si	ck leave	medical le	eave.										
	After c	ompleting the form click the <b>Next &gt;</b> bu	tton on th	ie right t	o procee	d. Your infc	ormation	will be saved.									
	Forn	าร															
		If you have received a letter from a	Licensed	Healthc	are Prac	titioner or	r a docto	r's note for your employ	ee conta	ct your MA Consultan	t to see	if Form 1	11 is n	iecessa	ary.		
	Click	he link(s) below to get the appropriate	form(s)														
	Form	111															
	Was Fo	orm 111 given to the employee?*	Yes	No													
	Licens	ed Healthcare Practitioner Letter sent*	Yes	No	N/A												
	Was a	doctor's note provided?*	Yes	No													
	Is Forr letter clear r vou to	n 111, a licensed healthcare practitioner or a doctor's note fully completed with nedical restrictions identified that allow make decisions on next steps?*	Yes	No													

If you have requested the employee to complete Form 111, or any other information, populate the date you asked the employee to return the completed form in the section as demonstrated

User Acceptance Testing Mode	ፍ
Identification Information     Forms Activity     Absence Details     Stay at Work/Return to Work     Phase I and II Planning     File Closure/Authorization       Details     Details	
confidentially to your HRBP for filing in the employee's medical file. No medical documentation should be maintained in the workplace personnel files.	
NOTE: Sufficient medical information is required to approve sick leave/medical leave.	
After completing the form click the Next > button on the right to proceed. Your information will be saved.	
Forms	
If you have received a letter from a Licensed Healthcare Practitioner or a doctor's note for your employee contact your HRBP to see if Form 111 is necessary.	
Click the link(s) below to get the appropriate form(s)	
Form 111 Was Form 111 given to the employee?* Yes No	
Date completed Form 111 expected to be re- turned.*	
Forms Received	
Form 111 received from the employee* Yes No	
Was Form 111 received in the timeframe expected?* Yes No	
Licensed Healthcare Practitioner Letter sent* Yes No N/A	
Was a doctor's note provided?* Yes No	
Is Form 111, a licenced healthcare practitioner Yes No letter or a doctor's note fully completed with	

3

## Waiting on Employee

$= PSC^{Client}$				User Accep	ptance Testing Mode				오 ଜ ଡ
	< Identificat	Vion Information	Forms Activity	Absence Details	Stay at Work/Return to Work Details	Phase I and II Planning	File Closure/Authorization	Next >	
©	confidentially to you workplace personne NOTE: Sufficient me After completing the	ur HRBP for filing in el files. edical information is form click the Next ;	the employee's medical f required to approve sick	ile. No medical documen leave/medical leave. roceed. Your information	o ntation should be maintained in th will be saved.	he			
	Forms	sonnel files. Int medical information ing the form click the If you have re b) below to get the given to the emploid of Form 111 expect pived	Change Status Change Status Status Waiting on employee Change Status Status Change St	In-Progress	ffective 8-Nov-2023 14:10:15 Сhang Default 28-Now-2023 01:35 PM - 31-Dec-2999 12:00 АМ	e Status >			
1		received in the timefran	ne ex- Yes No				Sas	katche	wan

습

-

ոհ

3



This is an example of an email sent to the manager or delegate

### Email Example for "Waiting for Medical Information"

From: <u>Itrac@fcicanada.com</u> [mailto:itrac@fcicanada.com] Sent: Thursday, May 03, 2018 12:10 AM

Subject: Be at Work Case File #0305

6

Your employee has been given until 03-May-2018 to return requested medical information. If your employee did not provide the required medical information to you on this day, follow up with him/her to inquire the reason. Set a new date for the information to be returned in writing (e.g. letter or email to employee) and/or consult your HRBP for assistance if necessary. Do not extend a new date more than once without consulting your HRBP.



#### Upload a File

	PSC <sup>Client</sup>			User Acceptane	ce Testing Mode				ସ ଲ ଡ ୨	ጲ
с П О		Vas Form 111 given to the employee?* Date completed Form 111 expected to be re- turned:*	Forms Activity A Tes NO 28-Nov-2023	Absence Details	Stay at Work/Return to Work Details	Phase I and II Planning	File Closure/Authorizatio	n Next >		
		Forms Received Form 111 received from the employee* Date Form 111 received:* Scan and upload Form 111*	Yes     No       15-Nov-2023       Image: Constraint of the second secon	re or device						
		Was Form 111 received in the timeframe expected?* Licensed Healthcare Practitioner Letter sent* Date letter sent*	Yes         No           Yes         No         N/A           07-Nov-2023         0/10/10/10/10/10/10/10/10/10/10/10/10/10	No entr + Add Add	ries here litional Upload	cted to be re- 28	-Nov-2023	+		
		Date letter sent."	07-NOV-2023		ceived:*	cieu to be re- 28	-1100-2023	<b>H</b>		

#### Attach Multiple Files

= $PSC^{Client}$	User Acceptance Testing Mode	<b>ር ଜ ଡ ደ 5436</b> 6
☆ ■ ・	Identification Information     Forms Activity     Absence Details     Stay at Work/Return to Work     Phase I and II Planning     File Closure/Authorization	
	Forms Activity   Type of Absence: Absence greater than 5 consecutive work days/shifts   Case ID: 5672   Employee Name:   NOTE: All documentation related to this case shall be uploaded. All paper copies containing medical information shall be sent confidentially to your HRBP for filing in the employee's medical file. No medical documentation should be maintained in the workplace personnel files.   NOTE: Sufficient medical information is required to approve sick leave/medical leave.   After completing the form click the Next > button on the right to proceed. Your information will be saved.	
	Forms   If you have received a letter from a Licensed Healthcare Practitioner or a doctor's note for your employee contact your HRBP to see if Form 111 is necessary.   Click the link(s) below to get the appropriate form(s)   Form 111   Was Form 111 given to the employee?*   Yes   No   Date completed Form 111 expected to be re-   28-Nov-2023	

#### Error Message

$- PSC^{Client}$	0	User Acceptance Testing Mode		2
	Identification Information Fo	rms Activity Absence Details Stay at Work/Return to Work Phase I a Details Please provide "Scan and upload Licensed Healthcare Practitioner Letter".	4 war • Ple • Ple	nings have occurred ase provide "Scan and upload Form 111". ase provide "Scan and upload Licensed althcare Practitioner Letter". ase provide "Scan and upload the doctor's note". ase provide "Is Form 111, a licenced healthcare ctitioner letter or a doctor's note fully completed h clear medical restrictions identified that allow
		No entries here + Add Additional Upload	you C	a to make decisions on next steps?". Nake Changes
	Was a doctor's note provided?* Scan and upload the doctor's note*	Yes No Drop files here or Browse your device No Document Attached		
		No entries here		+
	Date doctor's note was/is expected to be re- ceived:* Is Form 111, a licenced healthcare practitioner letter or a doctor's note fully completed with clear medical restrictions identified that allow you to make decisions on next steps?*	Ves       No         And Additional Optoad         Yes       No         Please provide "is Form 111, a licenced healthcare practitioner letter or a doctor's note fully completed with clear magnetic structure in the structure of the stru	edical restrictions identified that allow you to make decisions on next	steps?".

## Requesting MA Consultant Advice

		User Acceptan	ce Testing Mode				٩
	Identification Information	Absence Details	Stay at Work/Return to Work Details	Phase I and II Planning	File Closure/Authorization	Next >	
	confidentially to your HRBP for filing in the employee's me workplace personnel files. NOTE: Sufficient medical information is required to approv After completing the form click the Next > button on the rig	edical file. No medical documentation will generation will	on should be maintained in the				
sonnel files. nt medical information to social forms Activit g the form click th Change	ta aansava sisk laava/madisal laava   Status itatus	(*)	y at Work/Return to Work Details	Phase I and II Planning	File Closure/Authorization	Next >	
If you have re	on employee	⊞ 111 is r	ieces:	Status Waiting on	RBP advice	··· ۵ ۵	
given to the emplo	story	& Change Status >				~	
eived CH CH 24 mi	LE In-Progress Default 28-Nov-2023 01:35 PM - 31-Dec-2	2999 12:00 AM	l information shall be sent ould be maintained in the				

#### This is a sample email to the MA Consultant upon request for advice

From: <u>itrac@fcicanada.com</u> <<u>itrac@fcicanada.com</u>> Sent: Monday, June 17, 2024 9:53 AM To: MA Consultant Subject: Be at Work Case File #0201

Your manager has given Form 111 to the employee to complete and is experiencing difficulty obtaining clear, objective medical restrictions. Please contact this manager to learn more and provide assistance.



#### Providing Advice to your Client

Closure/Authorization
mail to the HRBP Await for
mait to the firdp. Await for
le

## After MA Consultant Provides Advice





saskatchewan.ca