

STEP 3 INSTRUCTIONS

Absence Details



Hover over the button in the top left corner for more information



Identification Information



Forms Activity



Absence Details



Stay at Work/Return to Work
Details



Phase I and II Planning



File Closure/Authorization

Next >

Employee Name: [Redacted]



Your employee may have already been off work, or time away in the future may or may not be required. This page will help you keep track of absence details if applicable to this file.

After completing the form click the **Next >** button on the right to proceed. Your information will be saved.

Absence Details

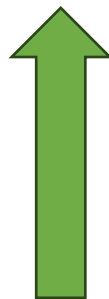
Does/did the employee require time off work?*

 Yes No

Absence start date:*

Absence End Date/Next scheduled medical appointment if return to work date unknown:*



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Employee name: [redacted]



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Absence Details

Does/did the employee require time off work? * **Yes** No

Absence start date: * 06-Dec-2023

Absence End Date/Next scheduled medical appointment if return to work date unknown: * 31-Dec-2023

During the employee's absence, remain in regular contact with the employee. This may include telephone calls, email, invites to workplace events, etc.

Is the employee's absence expected to extend longer than 6-8 weeks? * **Yes** No

Go to the dropdown arrow on the right side of the page and then click "Contacting HRBP" to send off an email. Consult your HRBP to determine what type of leave the employee should be put on: (DLOA/IDLOA)

HRBP advice:

Are there concerns regarding the validity of the duration the Licensed Healthcare Provider has indicated for the leave? * Yes No

Amount of calculated sick leave *



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Absence Details

Type of Absence: **Absence greater than 5 consecutive work days/shifts**

Case ID: [REDACTED]

Employee Name: [REDACTED]

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Status
In-Progress



- Waiting on HRBP advice
- File for DLOA form
- Contacting HRBP**
- Notify manager

Absence Details

Does/did the employee require time off work? **Yes** No

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Absence End Date/Next scheduled medical appointment if return to work date unknown: 31-Dec-2023

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HRBP advice:

Are there concerns regarding the validity of the duration the Licensed Healthcare Provider has indicated for the leave? **Yes** No

Example of Email to HRBP when requesting Advice

Email Example of Step 3

From: itrac@fci.ca [mailto:itrac@fci.ca]

Sent: Friday, May 11, 2018 8:40 AM

To: IHWB PSC, [REDACTED]

Subject: Be at Work Case File # 0307

A manager in 033 Ministry has identified concerns with one of their employees regarding an extended medical absence. Contact the manager to obtain further details to assist.



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Absence Details

Does/did the employee require time off work? * Yes No

Absence start date: *

Absence End Date/Next scheduled medical appointment if return to work date unknown: *

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Is the employee's absence expected to extend longer than 6-8 weeks? * Yes No

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HRBP advice:

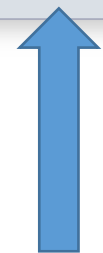
Are there concerns regarding the validity of the duration the Licensed Healthcare Provider has indicated for the leave? * Yes No

Amount of calculated sick leave *

Does employee have sufficient sick leave to cover the expected absence? * Yes No

Notes:

Send an email to HRSC advising them of the Return to Work.





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06-Dec-2023

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HRBP advice:

Are there concerns regarding the validity of the duration the Licensed Healthcare Provider has indicated for the leave?*

Yes **No**

Amount of calculated sick leave*

100

Does employee have sufficient sick leave to cover the expected absence?*

Yes **No**

Inform the employee of options for financial assistance. Options include Employment Insurance Sickness Benefits and applying for long term disability (LTD). If this is an in-scope employee, advise him/her to contact their Shop Stewart for assistance. Out of scope employees can be assisted by HRBP.

[EI Sickness Benefit - Apply - Canada.ca](#)
[Long-term Disability Plan - SGEU - Saskatchewan Government and General Employees Union](#)
[Disability Income Plan | Public Employees Benefits Agency \(gov.sk.ca\)](#)

Ensure the Leave of Absence approval form is completed.