

Sick Leave

Claimant to complete for each incident of absence due to illness or injury.

Personal Information

Employee Name

Date[s] absent from scheduled shifts [dd/mm/yyyy]

Date of return to work – actual or expected [dd/mm/yyyy]

Reason for Absenteeism

Is the illness or disability due to an incident in the workplace?

Yes

No

If Yes, has an incident report and/or WSIB claim been filed?

Yes

No

A doctor's note is required on the 4th continuous day of illness, or at the request of Manager/Supervisor.

I certify the above statements are true and complete. I authorize Cassellholme to collect from, or communicate with, any person or organization the information deemed necessary – strictly for the purpose of administering my claim. Cassellholme reserves the right to request further information if deemed necessary for the purpose of claims administration.

employee signature

date

CASSELLHOLME

Compassionate care for life's journey.

Please submit this form to the scheduling office at Cassellholme or email it to pay@cassellholme.on.ca