

Medical Note – Summary Form

(Employees in SSLA only)

Employee Section

Employee Full Name (printed): _____

Employee ID #: _____

Department Name: _____

Date Medical Note Provided to Approver: _____

Date(s) on Medical Note: _____

Notes:

1. Your employee ID # can be found on your cheque stub (9 digit number).
2. Keep a copy of your note for your records.
3. Attach your medical documentation to this form.
4. Give completed form & medical note to your Approver.

Approver Section

Required Action for Compensation & Benefits:

- ☐ File only
- ☐ Update leave request to “sick leave – certified” for dates indicated on note & file

Approver/Manager Signature: _____

Note:

1. Forward completed form with medical note to the HR Service Center via

Email: HRServiceCentre@gov.nl.ca (use subject line: *Medical Note & Summary Form*)

or Mail: HR Service Centre
Treasury Board Secretariat
Ground Floor, West Block
P.O. Box 8700
St. John's, NL A1B 4J6

2. The approver is responsible for ensuring that forms are sent to the correct email or mailing address