Form 411 – 1
Non-Teaching Staff

Verification of Sickness — Practitioner's Report

The information provided will be used solely to verify the employee's claim for sick leave.

Part 1: Employee Identification and Authorization

_____

LAST NAME FIRST NAME INITIAL

I hereby authorize the release of the information requested in Part 2 below to the relevant administrative personnel of the Board of Education of the _____ School Division to verify this claim for sick leave.

_____

EMPLOYEE'S SIGNATURE DATE OF BIRTH (D/M/Y) DATE (D/M/Y)

Part 2: Attending Practitioner's Statement to Verify Sickness

1. Date of consultation: _____(D/M/Y)
2. The above named employee has been incapable of fulfilling duties due to sickness:

a) from _____(D/M/Y) to _____(D/M/Y), **OR**

b) since_____(D/M/Y) **AND** will be incapable of fulfilling duties:

(i) for less than 4 weeks until _____(D/M/Y); **OR**

(ii) until expected date of return _____(D/M/Y); **OR**

(iii) for at least: ❑ 4 weeks ❑ 6 weeks ❑ 3 months ❑ 6 months ❑ 12 months

3. Date of next medical review: _____(D/M/Y)
4. Has treatment been prescribed? ❑ Yes ❑ No

Physician's Signature: _____

Date: _____

Telephone: _____

Physician's Name and Address: (please print or use stamp)

_____

_____

_____

Costs associated with the completion of this form to be borne by the employee.

Return the completed form to your employing school board.