

Sick Leave Policy

Policy No. 6.8

Date of Policy: November 26, 2012

Revision: August 10, 2020

Motion Number: 2020-373

POLICY STATEMENT

The Town of Nipawin supports and encourages an atmosphere of employee productivity through consistent employee attendance in the workplace, recognizing that there will be occasions when employees require time away from work for reasons related to personal illness or injury. The Town of Nipawin supports employees to live well, work well in an environment that fosters a well-balanced work and family lifestyle.

PURPOSE

The Town of Nipawin will provide the following employees with sick leave credits for the purpose of sick leave for illness, injury, or medical appointments: permanent, temporary, term, and seasonal employees of the Town of Nipawin. Student positions (including but not limited to parks & recreation, works, utilities, or tourism students), play program employees, and/or lifeguard positions are not eligible to earn sick leave credits. This is a paid sick leave plan that is self-insured by the Town of Nipawin and works in conjunction with the Town’s Disability insurance, when applicable.

SCOPE

This policy applies to all employees of the Town of Nipawin which includes but is not limited to permanent, temporary, term, and seasonal employees. Student positions are not eligible to earn sick leave credits. For the purpose of this policy, collectively these classifications will be called “employees”.

DEFINITIONS

The following terms referenced in this Policy are defined as outlined above.

Sick Leave

Sick leave means the period an employee is permitted to be absent from work with or without full pay by being sick or disabled or attending medical appointments.

Where applicable, sick leave accumulates at 1 ¼ working days for each month worked from the time of commencement with a maximum of 120 days, for full time employees and is prorated for part time employees. Seasonal employees who return to work the following season may carry forward any accumulated, unused sick time credits up to the maximum number of days.

PROCEDURE

- Employees absent through illness or injury will notify or send notification to their immediate Supervisor promptly when they have taken ill or are injured and will keep their immediate supervisor regularly informed of their recovery progress for the duration of their absence.
- Utilized sick leave credits shall be recorded in hours based on an employee's scheduled workday.
- While the Town reserves the right to request medical documentation at any time for any absence, **absences of 3 consecutive work days** or more will automatically require a medical documentation prior to the employee's return to work certifying that the employee was unable to carry out the duties of their position due to illness or injury. The Town reserves the right to withhold payment of sick leave credits where medical evidence has been requested and not provided.
- Employees are responsible to provide medical documentation and/or ensure that a Functional Abilities Form is completed and submitted in a timely manner, where applicable. Refer to Functional Abilities Review Procedure, 6.8.2 to determine when the need for Functional Abilities Form is needed.
- When an employee is absent due to an illness requiring confinement and/or hospitalization so certified by a medical practitioner and falls during an employee's vacation leave, vacation time will be credited back to the employee and accumulated sick time utilized (if available and applicable), at the employee's written request.
- Upon return the employee must fill out and sign the proper leave of absence form and submit to their Supervisor.
- In the case of illness of an immediate member of the family of an Employee where no one, other than the Employee can provide to their needs, the Employee shall be entitled, after notifying their supervisor, to use a maximum of five (5) accumulated sick days per year for this purpose.

RESPONSIBILITIES

Employees are Responsible to

- Report to work on time and to be actively working for the duration of the workday or shift.
- Effectively utilize benefits available such as group benefits and the employee assistance program to support individual wellness.
- Make every effort to live and work safely by abiding by health and safety policies and procedures and by practicing accident prevention both on and off the job.
- Maintain regular and consistent attendance.
- Notify their immediate Supervisor, following proper reporting procedures as defined by the department, as soon as possible in the event that they will be late or absent from work for any reason.
- Seek assistance or guidance from their Supervisor or

the Finance & Human Resources Officer related to any kind of absence as appropriate.

- Be aware that inappropriate use of sick leave may result in disciplinary action in accordance with the Town’s Progressive Discipline Policy.

**Directors/Supervisors/Chief
Financial Officer/Chief
Administrative Officer:**

- Inform and support employee awareness of sick leave provisions and responsibilities as outlined in this policy, the collective agreement and other Town policies on return to work, benefits and leaves of absence.
- Communicate regularly with employees who are on sick leave, monitoring their progress and obtaining medical evidence from the employee as appropriate.
- Ensure that employee absences are accurately reported on a bi-weekly basis and submitted to Payroll for processing.
- Forwarding all medical documentation and communication documents to the Finance & Human Resource Officer to be kept in the employee’s confidential personnel health file.
- Recognize employee’s dedicated and consistent work and good attendance.
- Advise employees and offer referral to Employee Assistance Program or other resources, as appropriate.
- Consult with the Finance & Human Resources Officer when implementing a Return to Work Program as presented through medical information, or when considering the application of progressive discipline.
- Where possible, encourage and support the implementation of alternative work arrangements that support organizational demands and assists employees to balance workplace demands and family life.

**Finance & Human
Resources Officer & Payroll
Clerk:**

- Provide policy clarification and guidance on sick leave and related policies and programs to employees and departments, as required.
- Maintain employee records related to sick leave documentation in a confidential manner.
- Research, compile statistics and provide attendance reports as requested with respect to illness related absences to assist departments in managing sick leave.
- Research, recommend, implement, and maintain

initiatives and / or strategies that will assist the Town in reducing employee's use of sick leave.

- Support compliance with provincial legislation such as *WCB Act and Regulations, Employment Standards Act and Regulations, Privacy Legislation, and the Saskatchewan Human Rights Code, as amended from time to time and as applicable.*

The Town of Nipawin will reimburse the employee for any fees charged by the Medical Practitioner for the completion of health review/assessment by a Medical Practitioner, as per Functional Abilities Review Procedure, 6.8.2.

In the event an employee is injured at work, the employee must follow the appropriate procedure as specified in the Town of Nipawin's Occupational Health & Safety Program.

COMPLIANCE

All employees are expected to adhere to the provisions of the Sick Leave Policy. Failure to do so may be considered a violation of this procedure and could be subject to disciplinary action, up to and including dismissal.

REFERENCE

[DRAFT 6.8.1 Work Accomodations Policy & Procedure.docx](#)

[DRAFT 6.8.2 Functions Abilities Review Procedure.docx](#)

[DRAFT 6.8.3 FUNCTIONAL ABILITIES FORM.docx](#)

Town of Nipawin Occupational Health & Safety Program

Work Accommodation Policy & Procedure	Policy No. 6.8.1
<u>Date of Policy:</u> August 10, 2020	<u>Revision:</u>
<u>Motion Number:</u> 2020-373	

POLICY

The Town of Nipawin is committed to providing equitable treatment to all with respect to barrier-free employment and accommodation without discrimination. The Town is committed to accommodating employees whenever necessary in a manner that respects their dignity, privacy, and individual needs, up to the point of undue hardship.

PURPOSE

This document will identify steps and actions as follows:

- to provide reasonable accommodation to support or address an employee’s limitations or functional restrictions (based on a medical condition, disability, or injury)
- to enable an employee to fulfill their essential job duties
- to enable access to employment activities
- to clarify the roles and responsibilities of all stakeholders

SCOPE

This procedure applies to all employees of the Town which includes but is not limited to permanent, temporary, term, and contract employees. This policy & procedure also applies to volunteers, seasonal, and student positions. For the purpose of this policy & procedure, collectively these classifications will be called “employees”.

DEFINITIONS

The following terms referenced in this Policy & Procedure are defined as:

Accommodation Change, adaptation or adjustment of an employee’s work, workplace environment, or both, to enable the employee to perform the essential duties of a productive existing job in a healthy and safe manner. The Town of Nipawin is not required to create a job where one does not exist.

Essential Duties Core functions that are necessary to perform a job. Essential duties are identified, in most jobs, by a job demands analysis. Testing may be required and is completed on an individual basis.

Functional Capabilities An essential level of an employee’s abilities based on the physical, psychological, physiological, or anatomical condition of the employee, as determined by a qualified health care provider.

Limitations	Temporary or permanent restriction on an employee’s physical or psychological abilities related to an illness, injury or disability that prevents an employee from completing a particular job task or duty, as outlined in and supported through medical evidence prepared by a qualified health care provider.
Return to Work Health File	Documents related to an employee’s occupational or non-occupational injury or illness, disability, and claim, as applicable, as kept in the control of the Administration staff. May include: correspondence, forms, documentation about function capabilities and limitations, doctor’s notes and return to work and accommodation planning documents.
Permanent Impairment	Any permanent loss or abnormality of physical, psychological, or anatomical structure or function.
Work Accommodation Program	A documented plan to return to work and accommodate in the workplace, an injured, ill or disabled employee, detailing the duration of the program, the employee’s functional capabilities and limitations, the assigned job duties with or without accommodation – and a specified follow up date. A work accommodation program may take the form of either Temporary Work Accommodation Plans or Permanent Work Accommodations Plans.
Work Trial Assessment	Time period used at the beginning of a permanent accommodation to assess the employee’s abilities to perform essential duties of the job (with or without accommodation), given the employee’s functional capabilities and limitations.

ROLES AND RESPONSIBILITIES

Management	<ul style="list-style-type: none"> ○ Promote, communicate, and educate employees about the Town’s commitment to return to work and accommodation practices. ○ Contact the employee as soon as possible and when appropriate after the illness or injury occurs; inform the employee of the Town’s ability to consider accommodation, if necessary and as appropriate, and maintain reasonable, regular communication with the employee throughout the period of recovery and return to work.
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- Identify suitable and productive work within the employee's functional capabilities and limitations, in consultation with the employee and the Finance & Human Resource Officer, as required. The final determination on modified or alternate work assignments will be made by the Management staff.
- Consult and collaborate with the Finance & Human Resource Officer to obtain recommendations on management of difficult and complex accommodation issues, as required.
- Implement, regularly monitor, and review the employee's activities pursuant to the Work Accommodation Program by actively participating in meetings with the employee and scheduling regular follow up meetings to review progress.

Employee

- Communicate with their Management staff and, as required, the Finance & Human Resource Officer. This includes, but is not limited to; seeking accommodation, both formally and informally, providing status updates, returning telephone calls, or initiating telephone calls etc.
- Cooperate and participate fully in all phases of the absence, return to work and accommodation process.

Note: An employee's responsibility to cooperate and participate includes their provision to complete, up-to-date, and satisfactory documentation, provided by an appropriate and qualified health care provider, as requested by their immediate supervisor and/or Finance & Human Resources Officer. This may include, but is not limited to, information about functional capabilities and limitations, anticipated duration of such functional capabilities and limitations and prognosis for recovery.

- Maintain regular contact with their immediate supervisor throughout the recovery process, during the development and implementation of the Work Accommodation Program and throughout the return to work process.
- Actively participate in the identification of potential accommodation and perform the assigned work within their functional capabilities and limitations.

- Communicate any difficulties to their immediate supervisor.
- Meet established performance and job standards of accommodated work.

An employee's failure to cooperate and participate as set out in these guidelines may result in, as applicable, the following:

- ◆ The Town's inability to confirm the need for and to provide accommodation
- ◆ A delay in the provision of appropriate accommodation
- ◆ A loss of benefits
- ◆ Disciplinary action, up to and including termination of employment (including a non-disciplinary termination)

**Finance, Human
Resources &
Administration**

- Maintain confidential Return to Work Health Files.
- Ensure Management personnel are aware of the Town's obligations relevant to accommodation under applicable legislation and the Collective Agreement.
- Provide education and information on return to work principles and accommodation obligations to management and employees.
- Ensure all documentation is completed and provided to appropriate parties, as required.
- Provide management with appropriate information regarding an employee's functional capabilities and limitations to be used in return to work and accommodation planning.
- Coordinate return to work meetings, as necessary.
- Document temporary and permanent accommodation in a Work Accommodation Program.
- Monitor progress of Work Accommodation Programs and

coordinate with designated management and employees any adjustments to Work Accommodation Programs.

- Provide subject matter expertise in disability management practices. Provide recommendations on the availability of external resources to assist in the management of difficult and complex accommodation issues.

CUPE 777-01 Union

- Share joint responsibility with the Town and employee for ensuring that accommodation is requested.
- Take an active role in the accommodation process by requesting accommodation, ensuring documentation is provided in response to requests, identifying suitable work etc.

TEMPORARY WORK ACCOMMODATION PLANS

Eligibility

To be eligible for temporary work accommodation, the employees must meet the following criteria:

- Have an injury, illness or disability resulting in the temporary loss, impairment, or reduction of functional capability;
- Have a temporary limitation in performing the essential duties of their regular job duties due to the loss, impairment, or reduction of functional capacity, as supported by medical documentation completed by an appropriate and qualified health care provider satisfactory to the Town;

Duration

The length of the initial assignment to temporary work accommodation will be for a period not exceeding twelve (12) weeks.

This initial 12-week period may be modified if warranted by the circumstances of the particular employee.

The immediate supervisor will meet with the employee to review the Temporary Work Accommodation Program to ensure they both understand the employee's functional capabilities and limitations and the job duties to be assigned. The immediate supervisor is responsible for requesting that the employee obtain

and submit regular updates about their functional capabilities and limitations. Supervisors must ensure that employees submit updated claim forms or information to the Payroll Clerk and/or Finance & Human Resource Officer, as required.

Salary/Wages

While in a Temporary Work Accommodation Plan, the employee will receive 100% of regular wages for all hours spent performing modified work and applicable disability and WCB coverage for the remainder of the working day if eligibility requirements are met.

Interruption of Return to Work Plan

For Graduated Return to Work Plans, all efforts should be made for the employee to complete their plan uninterrupted by absence or other work assignment. The purpose of a Graduated Return to Work Plan is to provide the employee with an opportunity to regain strength and stamina over a defined time period.

The goal of the Graduated Return to Work Plan is to return the employee to full regular duties within the specified plan time period. A break or stoppage in the program interrupts this plan and may delay an employee's return to full duties. Therefore, if an employee is on a Graduated Return to Work Plan then vacation should generally not be approved while the Graduated Return to Work Plan is in place, although there may be circumstances where vacation will be approved. In situations where a vacation interrupts the employee's Return to Work Plan, the plan will continue as if it had not been interrupted by vacation.

Assessment

Based on the medical report(s) submitted by the employee, the Finance & Human Resources Officer, will evaluate whether the employee is able to assume additional job duties, hours of work or resume regular work duties. This evaluation and recommendation will be provided by the Finance & Human Resources Officer to the Supervisor.

The Supervisor must monitor the employee's job performance regularly. Any problems related to the Temporary Work Accommodation Plan should be addressed by the supervisor immediately, in collaboration with the employee and the Finance & Human Resources Officer.

The Supervisor or the employee may initiate a review of the work assignments at any time during the return to work plan. Any

changes to the employee's functional capabilities, limitations or return to work plan completion date will be discussed with the Supervisor and the employee and discussions will be documented by the Finance & Human Resources Officer on the updated return to work plan. The final determination on work assignments will be made by the Supervisor with recommendations from the Finance & Human Resources Officer.

Return to Regular Work When an employee is declared fit to return to regular work, with no accommodation, the return to work plan will be concluded and documented accordingly in the return to work administration health file.

PERMANENT WORK ACCOMMODATION PLANS

Eligibility To be eligible for permanent work accommodation, the employees must meet the following criteria:

- Have a permanent impairment as a result of an occupational or non-occupational injury, illness or disability, as assessed and determined by a qualified health care provider;
- Have a permanent limitation in performing the full regular duties of their regular position due to a permanent loss, impairment or reduction of functional capability, as supported by medical documentation completed by an appropriate and qualified health care provider satisfactory to the Town; and
- Be authorized to return to work by a qualified health care provider, with documented permanent limitations outlined.

Placement of Management and Out-of-Scope Employees When placement in a vacant position is necessary, an out of scope employee will first be considered for placement in a vacant out of scope position, which will take precedence over the normal placement procedure, in cooperation with the receiving department.

Placement of Union Employees When placement in a vacant position is necessary, a union employee will first be considered for placement in a vacant union position, as outlined in the hierarchy of accommodation. When placement is being considered, every effort will be made to comply with the provisions of the Collective Agreement, subject

to applicable legal principles.

Designated management and the Finance & Human Resources Officer will coordinate the placement of the employee.

Training

An employee may qualify for limited training where medical and vocational assessment indicates that an employee is capable of being retrained within a reasonable amount of time into an alternate occupation that can accommodate their disability.

Training should be extensive enough to prepare the employee for a pending position at up to the same salary or wage level as their former position.

On the job training

- On the job training will be the preferred form of training and if necessary, this could be revised to include external training. Typically, on the job training should not exceed a three (3) month period.

Off the job training

- Off the job training involves external academic upgrading, such as short-term technical courses such as trades etc. It does not include long term professional or degree programs. Off the job training is considered on an individual basis.
- Employees will undergo off the job training only as a placement method for Permanent Work Accommodation for appropriate positions identified according to the below outlined work hierarchy. Employees are expected to cooperate and actively participate in any off the job training programs facilitated by the Finance & Human Resource Officer, which have been identified as part of the employees individual Permanent Work Accommodation Plan.
- Failure by an employee to actively participate in the training program may result in a loss of benefits and may be deemed as a failure to cooperate or participate in the accommodation process. Identified positions may be held at the discretion of the accommodating department for the duration of the off the job training for up to a period of three (3) months.

Hierarchy of Permanent Work Accommodation

The following hierarchy of work assignment applies to permanent work accommodations:

- Own position with modifications
- Vacant position in the same department
- Vacant position in a different department

Work Trial

If placement, other than in the employee's regular position is identified, the employee will be required to complete a three (3) month Work Trial Assessment, inclusive of on the job training and monitoring, prior to being placed in the identified position. The purpose of the Work Trial Assessment is to assess whether the employee is able to perform the essential duties of the position within their functional capabilities and limitations.

The employee's immediate supervisor will formally monitor the Work Trial Assessment with the employee, a minimum of once per month. Any problems relating to the placement should be addressed by the employee's immediate supervisor immediately, in collaboration with the Finance & Human Resources Officer and Union representative (if applicable).

Program Modification, Withdrawal or Termination

If it is determined that an employee is unable to continue in the work placement, the employee's immediate supervisor may recommend modification, withdrawal, or termination from the Work Accommodation Program.

A meeting will be conducted by the appropriate Town management, with the employee, Finance & Human Resources Officer and Union representative (if applicable) to discuss the employee's performance, conclusions flowing from that performance, and possibly, alternative forms of accommodation.

Where it is determined that the employee is not cooperating with the Work Accommodation Plan or the Work Trial Assessment, the employee's supervisor may recommend termination of participation in the Work Accommodation Program, and where applicable, the WCB or insurance provider will be notified.

Formal written notification of a withdrawal or termination from the Work Accommodation Program and the reasons for such actions will be provided by the appropriate Supervisor to the employee.

**Missing/Conflicting/
Unsatisfactory Medical
Information**

Where there may be difficulties in identifying suitable, productive work for the employee, difficulties with Work Accommodation Program, or where there is missing, conflicting or unsatisfactory medical information, the following steps may be undertaken:

The Finance & Human Resources Officer with support from the Supervisor will inform the employee of what information is missing, and the employee may be requested to provide the information from the employee's appropriate and qualified health care provider.

The required information may include, but is not limited to:

- A review of the current medical and functional capabilities and limitations;
- A review of the match between the employee's job demands, and the employee's functional capabilities and limitations;
- Obtaining further details of medical or functional capabilities (or both) and limitations from the treating appropriate and qualified health care provider;
- Obtaining further details about the impact the job duties or tasks and job demands have on the employee's medical condition.

The Town may also require the employee to attend a medical examination, at the Town's expense, which may include but is not limited to, an Independent Medical Examination, functional abilities evaluation, occupational therapy assessment, psychological assessment or an ergonomics consultation.

The employee will be notified that an assessment has been scheduled, and the employee's informed signed consent will be obtained in order to provide referral information (including the employee's medical information) to the third party independent service provider(s), and to release verbal and written finding and recommendations from the third party service provider(s) to designated Town staff for work accommodation purposes.

COMPLIANCE

All employees are expected to adhere to the provisions of the Work Accommodation Policy and Procedure. Failure to do so may be considered a violation of this procedure and could be subject to disciplinary action, up to and including dismissal.

REFERENCE

[6.8 Sick Leave Policy.docx](#)

[6.8.2 Functions Abilities Review Procedure.docx](#)

[6.8.3 FUNCTIONAL ABILITIES FORM.docx](#)

Town of Nipawin Occupational Health & Safety Program

Functional Abilities Review Procedure	Policy No. 6.8.2
<u>Date of Policy:</u> August 10, 2020	<u>Revision:</u>
<u>Motion Number:</u> 2020-373	

PURPOSE

The purpose of this procedure is to assist management when employee health issues impact work and to ensure the Finance & Human Resources Officer acts in an advisory and liaison capacity on health matters related to an employee’s ability to perform and attend work in a safe and predictable manner.

SCOPE

This procedure applies to all employees of the Town which includes but is not limited to permanent, temporary, term, and contract employees. This procedure also applies to volunteers, seasonal, and student. For the purpose of this procedure, collectively these classifications will be called “employees”.

DEFINITIONS

The following terms referenced in this Procedure are defined as:

Health Assessment Review A review and/or assessment by a health care practitioner to determine an employee’s ability to perform employment duties in a safe and predictable manner and not place themselves or others at risk. The review or assessment is coordinated by the Chief Administrative Officer with assistance from the Finance & Human Resources Officer.

Health Report The report provided to the department after the assessment that provides the following information:

1. Employee’s ability to attend and perform regular duties safely and predictably;
2. Employee’s ability to attend and perform regular duties safely with accommodation

STEPS

When an employee’s behaviour impacts work, management staff will:

1. Meet with the employee to discuss the behaviour that is impacting work
2. Advise of the impact of the behaviour on work
3. Develop an action plan to reduce the impact of the behaviour

When the employee indicates there is a health concern impacting their behaviour, management will:

1. Consult with the Finance & Human Resources Officer – regarding Return to Work – to coordinate a functional abilities review.
2. Consult with the Finance & Human Resources Officer – regarding Return to Work – for questions or concerns about the behaviour and the steps needed to address the problem

If, from the above steps, it is determined a functional abilities review is required, management staff will:

1. Discuss the situation with the employee to determine the nature of the review
2. Obtain consent for exchange of information between the Finance & Human Resources Officer and assessors and treatment providers
3. Ensure employee has arranged for the appropriate review
4. Review reports and provide a Health Report to the Finance & Human Resources Officer

TERMS AND CONDITIONS

Respect

All stakeholders will be respectful when discussing the need and requirement for a health assessment

Confidentiality

All information regarding a health assessment will be considered confidential in nature and is not to be shared. Information obtained in the health assessment will be kept in the confidential employee file. Only information regarding fitness to work will be shared with the workplace parties.

Assessment Costs

The costs of any assessment are paid by the employee's department.

The Town of Nipawin will reimburse all fees charged for completion of health review/assessment forms by a Medical Practitioner.

REFERENCE

[6.8 Sick Leave Policy.docx](#)

[6.8.1 Work Accomodations Policy & Procedure.docx](#)

[6.8.3 FUNCTIONAL ABILITIES FORM.docx](#)

Town of Nipawin Occupational Health & Safety Program

FUNCTIONAL ABILITIES FORM 6.8.3
NON-WORK-RELATED INJURY OR ILLNESS

The Town of Nipawin has a dynamic Return to Work Program where injured/disabled workers are provided with workplace accommodation that allows them to ease back to a full workload gradually. The Town of Nipawin can provide accommodation and modified duties throughout the Town; in the event it does not cause the Town undue hardship. You can assist us in planning for this worker's early rehabilitation by providing information on this report.

Thank-you for your co-operation in our reintegration of this worker back to productive work that will not aggravate the worker's injury/illness, nor constitute an additional hazard to the worker or fellow workers while performing the work assigned.

Please feel free to contact the Finance & Human Resources Officer if we can be of any further assistance to you at 306-862-9866.

SECTION A Completed by the Employee

Employee's Last Name	First Name	Telephone	
Address (no, street, apt)	Town	Province	Postal Code
Position Held		Length of Time in Position	

SECTION B Employee's Signature

By signing below, I am authorizing any health professional who treats me to provide me and my employer with information about my functional abilities for planning early and safe return to the workplace.	
Signature	Date: dd/mm/yyyy

SECTION C

Health Care Professional's Designation <input type="checkbox"/> Chiropractor <input type="checkbox"/> Physician <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Other: _____			
Health Care Professionals Name (please print)			
Address (no, street, apt)	City/Town	Province	Postal Code
Health Professionals Signature		Date: dd/mm/yyyy	

SECTION D Completed by Health Care Professional to identify the patient’s overall abilities and limited abilities

Date of Injury/Illness dd/mm/yyyy:			
Date of Assessment Dd/mm/yyyy	Please check one: <input type="checkbox"/> Employee is capable of returning to work with full abilities	<input type="checkbox"/> Employee is capable of returning to work with limited abilities Complete Sections E and F	<input type="checkbox"/> Employee is physically unable to return to work at this time (including modified duties) Complete Sections E and F to verify limited abilities.

SECTION E Abilities

1. Please indicate **ABILITIES** that apply, **Include details in Section 3**

Walking abilities: <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 100 m <input type="checkbox"/> 100-200 m <input type="checkbox"/> Other (please specify)	Standing abilities: <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 15 minutes <input type="checkbox"/> 15-30 minutes <input type="checkbox"/> Other (please specify)	Sitting abilities: <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 30 minutes <input type="checkbox"/> 30 minutes – 1 hour <input type="checkbox"/> Other (please specify)	Lifting from floor to waist abilities: <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 10 lbs <input type="checkbox"/> 10-20 lbs <input type="checkbox"/> Other (please specify)	
Lifting from waist to shoulder abilities: <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 10 lbs <input type="checkbox"/> 10-20 lbs <input type="checkbox"/> Other (please specify)	Stair Climbing abilities: <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 5 steps <input type="checkbox"/> 5-10 steps <input type="checkbox"/> Other (please specify)	Ladder Climbing abilities: <input type="checkbox"/> Full abilities <input type="checkbox"/> 1-3 steps <input type="checkbox"/> 4-6 steps <input type="checkbox"/> Other (please specify)	Able to operate power mobile equipment: <input type="checkbox"/> Yes <input type="checkbox"/> No	Able to operate heavy equipment: <input type="checkbox"/> Yes <input type="checkbox"/> No
Pushing with: <input type="checkbox"/> Left arm <input type="checkbox"/> Right arm <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Potential Side effects from medications (please specify) Do not include names of medications		Exposure to Vibration <input type="checkbox"/> Whole body <input type="checkbox"/> Hand/Arm	
<input type="checkbox"/> Stamina/Energy abilities (please specify)		<input type="checkbox"/> Hearing – Speech abilities (please specify)		<input type="checkbox"/> Vision abilities (please specify)
<input type="checkbox"/> Operate power mobile equipment abilities (please specify)		<input type="checkbox"/> Concentration abilities (please specify)		<input type="checkbox"/> Interact with others abilities (please specify)
<input type="checkbox"/> Understandability/Memory abilities (please specify)		<input type="checkbox"/> Read – Write activities (please specify)		<input type="checkbox"/> Computer Usage abilities (please specify)
<input type="checkbox"/> Tactile – Feeling abilities (please specify)		<input type="checkbox"/> Performance of multiple tasks abilities (please specify)		<input type="checkbox"/> Work to Speed abilities (please specify)
<input type="checkbox"/> Communication / Comprehension abilities (please specify)		<input type="checkbox"/> Other abilities related to the position:		

2. Please include **LIMITED ABILITIES** that apply. **Include details in section 3.**

<input type="checkbox"/> Bending / Twisting repetitive movement of: _____ (Please Specify)	<input type="checkbox"/> Work at or above shoulder activity	<input type="checkbox"/> Chemical exposure to: _____ (Please Specify)	<input type="checkbox"/> Environmental exposures to (e.g. heat, cold, noise, scents)	<input type="checkbox"/> Limited use of the hand(s)		
				Left <input type="checkbox"/>	Gripping <input type="checkbox"/>	Right <input type="checkbox"/>
				<input type="checkbox"/>	Pinching <input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	Other (specify) _____	<input type="checkbox"/>

3. **DETAILS** and additional Comments on **Abilities and / or limited abilities including timelines.**

4. From the date of this assessment, the above will apply for approximately

<input type="checkbox"/> 1-2 days	<input type="checkbox"/> 3-7 days	<input type="checkbox"/> 8-14 days	<input type="checkbox"/> 14 days
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5. The Town of Nipawin has a dynamic return to work program and is able to accommodate modified duties throughout the Town; in the event that the modified duties will not cause undue hardship. Have you discussed return to work with your patient?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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6. Recommendations for work hours and start date:

Hours of Work	Start Dates (dd/mm/yyyy)	End Dates (dd/mm/yyyy)
<input type="checkbox"/> Regular Full-Time hours		
<input type="checkbox"/> Modified Hours (please specify)		
<input type="checkbox"/> Graduated Hours (please specify)		

SECTION F Date of Next appointment

Recommended date of next appointment to review Abilities and/or limited abilities: _____	DATE (dd/mm/yyyy) _____
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Additional Notes that will aid in planning the return to work of the employee:

This information can be emailed or faxed to the Finance & Human Resources Officer:
c.turcotte@nipawin.com OR fax to 1-306-862-3076.

Work Accommodation Policy & Procedure	Policy No. 6.8.1
<u>Date of Policy:</u> August 10, 2020	<u>Revision:</u>
<u>Motion Number:</u> 2020-373	

POLICY

The Town of Nipawin is committed to providing equitable treatment to all with respect to barrier-free employment and accommodation without discrimination. The Town is committed to accommodating employees whenever necessary in a manner that respects their dignity, privacy, and individual needs, up to the point of undue hardship.

PURPOSE

This document will identify steps and actions as follows:

- to provide reasonable accommodation to support or address an employee’s limitations or functional restrictions (based on a medical condition, disability, or injury)
- to enable an employee to fulfill their essential job duties
- to enable access to employment activities
- to clarify the roles and responsibilities of all stakeholders

SCOPE

This procedure applies to all employees of the Town which includes but is not limited to permanent, temporary, term, and contract employees. This policy & procedure also applies to volunteers, seasonal, and student positions. For the purpose of this policy & procedure, collectively these classifications will be called “employees”.

DEFINITIONS

The following terms referenced in this Policy & Procedure are defined as:

Accommodation Change, adaptation or adjustment of an employee’s work, workplace environment, or both, to enable the employee to perform the essential duties of a productive existing job in a healthy and safe manner. The Town of Nipawin is not required to create a job where one does not exist.

Essential Duties Core functions that are necessary to perform a job. Essential duties are identified, in most jobs, by a job demands analysis. Testing may be required and is completed on an individual basis.

Functional Capabilities An essential level of an employee’s abilities based on the physical, psychological, physiological, or anatomical condition of the employee, as determined by a qualified health care provider.

Limitations	Temporary or permanent restriction on an employee’s physical or psychological abilities related to an illness, injury or disability that prevents an employee from completing a particular job task or duty, as outlined in and supported through medical evidence prepared by a qualified health care provider.
Return to Work Health File	Documents related to an employee’s occupational or non-occupational injury or illness, disability, and claim, as applicable, as kept in the control of the Administration staff. May include: correspondence, forms, documentation about function capabilities and limitations, doctor’s notes and return to work and accommodation planning documents.
Permanent Impairment	Any permanent loss or abnormality of physical, psychological, or anatomical structure or function.
Work Accommodation Program	A documented plan to return to work and accommodate in the workplace, an injured, ill or disabled employee, detailing the duration of the program, the employee’s functional capabilities and limitations, the assigned job duties with or without accommodation – and a specified follow up date. A work accommodation program may take the form of either Temporary Work Accommodation Plans or Permanent Work Accommodations Plans.
Work Trial Assessment	Time period used at the beginning of a permanent accommodation to assess the employee’s abilities to perform essential duties of the job (with or without accommodation), given the employee’s functional capabilities and limitations.

ROLES AND RESPONSIBILITIES

Management	<ul style="list-style-type: none"> ○ Promote, communicate, and educate employees about the Town’s commitment to return to work and accommodation practices. ○ Contact the employee as soon as possible and when appropriate after the illness or injury occurs; inform the employee of the Town’s ability to consider accommodation, if necessary and as appropriate, and maintain reasonable, regular communication with the employee throughout the period of recovery and return to work.
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- Identify suitable and productive work within the employee's functional capabilities and limitations, in consultation with the employee and the Finance & Human Resource Officer, as required. The final determination on modified or alternate work assignments will be made by the Management staff.
- Consult and collaborate with the Finance & Human Resource Officer to obtain recommendations on management of difficult and complex accommodation issues, as required.
- Implement, regularly monitor, and review the employee's activities pursuant to the Work Accommodation Program by actively participating in meetings with the employee and scheduling regular follow up meetings to review progress.

Employee

- Communicate with their Management staff and, as required, the Finance & Human Resource Officer. This includes, but is not limited to; seeking accommodation, both formally and informally, providing status updates, returning telephone calls, or initiating telephone calls etc.
- Cooperate and participate fully in all phases of the absence, return to work and accommodation process.

Note: An employee's responsibility to cooperate and participate includes their provision to complete, up-to-date, and satisfactory documentation, provided by an appropriate and qualified health care provider, as requested by their immediate supervisor and/or Finance & Human Resources Officer. This may include, but is not limited to, information about functional capabilities and limitations, anticipated duration of such functional capabilities and limitations and prognosis for recovery.

- Maintain regular contact with their immediate supervisor throughout the recovery process, during the development and implementation of the Work Accommodation Program and throughout the return to work process.
- Actively participate in the identification of potential accommodation and perform the assigned work within their functional capabilities and limitations.

- Communicate any difficulties to their immediate supervisor.
- Meet established performance and job standards of accommodated work.

An employee's failure to cooperate and participate as set out in these guidelines may result in, as applicable, the following:

- ◆ The Town's inability to confirm the need for and to provide accommodation
- ◆ A delay in the provision of appropriate accommodation
- ◆ A loss of benefits
- ◆ Disciplinary action, up to and including termination of employment (including a non-disciplinary termination)

**Finance, Human
Resources &
Administration**

- Maintain confidential Return to Work Health Files.
- Ensure Management personnel are aware of the Town's obligations relevant to accommodation under applicable legislation and the Collective Agreement.
- Provide education and information on return to work principles and accommodation obligations to management and employees.
- Ensure all documentation is completed and provided to appropriate parties, as required.
- Provide management with appropriate information regarding an employee's functional capabilities and limitations to be used in return to work and accommodation planning.
- Coordinate return to work meetings, as necessary.
- Document temporary and permanent accommodation in a Work Accommodation Program.
- Monitor progress of Work Accommodation Programs and

coordinate with designated management and employees any adjustments to Work Accommodation Programs.

- Provide subject matter expertise in disability management practices. Provide recommendations on the availability of external resources to assist in the management of difficult and complex accommodation issues.

CUPE 777-01 Union

- Share joint responsibility with the Town and employee for ensuring that accommodation is requested.
- Take an active role in the accommodation process by requesting accommodation, ensuring documentation is provided in response to requests, identifying suitable work etc.

TEMPORARY WORK ACCOMMODATION PLANS

Eligibility

To be eligible for temporary work accommodation, the employees must meet the following criteria:

- Have an injury, illness or disability resulting in the temporary loss, impairment, or reduction of functional capability;
- Have a temporary limitation in performing the essential duties of their regular job duties due to the loss, impairment, or reduction of functional capacity, as supported by medical documentation completed by an appropriate and qualified health care provider satisfactory to the Town;

Duration

The length of the initial assignment to temporary work accommodation will be for a period not exceeding twelve (12) weeks.

This initial 12-week period may be modified if warranted by the circumstances of the particular employee.

The immediate supervisor will meet with the employee to review the Temporary Work Accommodation Program to ensure they both understand the employee's functional capabilities and limitations and the job duties to be assigned. The immediate supervisor is responsible for requesting that the employee obtain

and submit regular updates about their functional capabilities and limitations. Supervisors must ensure that employees submit updated claim forms or information to the Payroll Clerk and/or Finance & Human Resource Officer, as required.

Salary/Wages

While in a Temporary Work Accommodation Plan, the employee will receive 100% of regular wages for all hours spent performing modified work and applicable disability and WCB coverage for the remainder of the working day if eligibility requirements are met.

Interruption of Return to Work Plan

For Graduated Return to Work Plans, all efforts should be made for the employee to complete their plan uninterrupted by absence or other work assignment. The purpose of a Graduated Return to Work Plan is to provide the employee with an opportunity to regain strength and stamina over a defined time period.

The goal of the Graduated Return to Work Plan is to return the employee to full regular duties within the specified plan time period. A break or stoppage in the program interrupts this plan and may delay an employee's return to full duties. Therefore, if an employee is on a Graduated Return to Work Plan then vacation should generally not be approved while the Graduated Return to Work Plan is in place, although there may be circumstances where vacation will be approved. In situations where a vacation interrupts the employee's Return to Work Plan, the plan will continue as if it had not been interrupted by vacation.

Assessment

Based on the medical report(s) submitted by the employee, the Finance & Human Resources Officer, will evaluate whether the employee is able to assume additional job duties, hours of work or resume regular work duties. This evaluation and recommendation will be provided by the Finance & Human Resources Officer to the Supervisor.

The Supervisor must monitor the employee's job performance regularly. Any problems related to the Temporary Work Accommodation Plan should be addressed by the supervisor immediately, in collaboration with the employee and the Finance & Human Resources Officer.

The Supervisor or the employee may initiate a review of the work assignments at any time during the return to work plan. Any

changes to the employee's functional capabilities, limitations or return to work plan completion date will be discussed with the Supervisor and the employee and discussions will be documented by the Finance & Human Resources Officer on the updated return to work plan. The final determination on work assignments will be made by the Supervisor with recommendations from the Finance & Human Resources Officer.

Return to Regular Work When an employee is declared fit to return to regular work, with no accommodation, the return to work plan will be concluded and documented accordingly in the return to work administration health file.

PERMANENT WORK ACCOMMODATION PLANS

Eligibility To be eligible for permanent work accommodation, the employees must meet the following criteria:

- Have a permanent impairment as a result of an occupational or non-occupational injury, illness or disability, as assessed and determined by a qualified health care provider;
- Have a permanent limitation in performing the full regular duties of their regular position due to a permanent loss, impairment or reduction of functional capability, as supported by medical documentation completed by an appropriate and qualified health care provider satisfactory to the Town; and
- Be authorized to return to work by a qualified health care provider, with documented permanent limitations outlined.

Placement of Management and Out-of-Scope Employees When placement in a vacant position is necessary, an out of scope employee will first be considered for placement in a vacant out of scope position, which will take precedence over the normal placement procedure, in cooperation with the receiving department.

Placement of Union Employees When placement in a vacant position is necessary, a union employee will first be considered for placement in a vacant union position, as outlined in the hierarchy of accommodation. When placement is being considered, every effort will be made to comply with the provisions of the Collective Agreement, subject

to applicable legal principles.

Designated management and the Finance & Human Resources Officer will coordinate the placement of the employee.

Training

An employee may qualify for limited training where medical and vocational assessment indicates that an employee is capable of being retrained within a reasonable amount of time into an alternate occupation that can accommodate their disability.

Training should be extensive enough to prepare the employee for a pending position at up to the same salary or wage level as their former position.

On the job training

- On the job training will be the preferred form of training and if necessary, this could be revised to include external training. Typically, on the job training should not exceed a three (3) month period.

Off the job training

- Off the job training involves external academic upgrading, such as short-term technical courses such as trades etc. It does not include long term professional or degree programs. Off the job training is considered on an individual basis.
- Employees will undergo off the job training only as a placement method for Permanent Work Accommodation for appropriate positions identified according to the below outlined work hierarchy. Employees are expected to cooperate and actively participate in any off the job training programs facilitated by the Finance & Human Resource Officer, which have been identified as part of the employees individual Permanent Work Accommodation Plan.
- Failure by an employee to actively participate in the training program may result in a loss of benefits and may be deemed as a failure to cooperate or participate in the accommodation process. Identified positions may be held at the discretion of the accommodating department for the duration of the off the job training for up to a period of three (3) months.

Hierarchy of Permanent Work Accommodation

The following hierarchy of work assignment applies to permanent work accommodations:

- Own position with modifications
- Vacant position in the same department
- Vacant position in a different department

Work Trial

If placement, other than in the employee's regular position is identified, the employee will be required to complete a three (3) month Work Trial Assessment, inclusive of on the job training and monitoring, prior to being placed in the identified position. The purpose of the Work Trial Assessment is to assess whether the employee is able to perform the essential duties of the position within their functional capabilities and limitations.

The employee's immediate supervisor will formally monitor the Work Trial Assessment with the employee, a minimum of once per month. Any problems relating to the placement should be addressed by the employee's immediate supervisor immediately, in collaboration with the Finance & Human Resources Officer and Union representative (if applicable).

Program Modification, Withdrawal or Termination

If it is determined that an employee is unable to continue in the work placement, the employee's immediate supervisor may recommend modification, withdrawal, or termination from the Work Accommodation Program.

A meeting will be conducted by the appropriate Town management, with the employee, Finance & Human Resources Officer and Union representative (if applicable) to discuss the employee's performance, conclusions flowing from that performance, and possibly, alternative forms of accommodation.

Where it is determined that the employee is not cooperating with the Work Accommodation Plan or the Work Trial Assessment, the employee's supervisor may recommend termination of participation in the Work Accommodation Program, and where applicable, the WCB or insurance provider will be notified.

Formal written notification of a withdrawal or termination from the Work Accommodation Program and the reasons for such actions will be provided by the appropriate Supervisor to the employee.

**Missing/Conflicting/
Unsatisfactory Medical
Information**

Where there may be difficulties in identifying suitable, productive work for the employee, difficulties with Work Accommodation Program, or where there is missing, conflicting or unsatisfactory medical information, the following steps may be undertaken:

The Finance & Human Resources Officer with support from the Supervisor will inform the employee of what information is missing, and the employee may be requested to provide the information from the employee's appropriate and qualified health care provider.

The required information may include, but is not limited to:

- A review of the current medical and functional capabilities and limitations;
- A review of the match between the employee's job demands, and the employee's functional capabilities and limitations;
- Obtaining further details of medical or functional capabilities (or both) and limitations from the treating appropriate and qualified health care provider;
- Obtaining further details about the impact the job duties or tasks and job demands have on the employee's medical condition.

The Town may also require the employee to attend a medical examination, at the Town's expense, which may include but is not limited to, an Independent Medical Examination, functional abilities evaluation, occupational therapy assessment, psychological assessment or an ergonomics consultation.

The employee will be notified that an assessment has been scheduled, and the employee's informed signed consent will be obtained in order to provide referral information (including the employee's medical information) to the third party independent service provider(s), and to release verbal and written finding and recommendations from the third party service provider(s) to designated Town staff for work accommodation purposes.

COMPLIANCE

All employees are expected to adhere to the provisions of the Work Accommodation Policy and Procedure. Failure to do so may be considered a violation of this procedure and could be subject to disciplinary action, up to and including dismissal.

REFERENCE

[6.8 Sick Leave Policy.docx](#)

[6.8.2 Functions Abilities Review Procedure.docx](#)

[6.8.3 FUNCTIONAL ABILITIES FORM.docx](#)

Town of Nipawin Occupational Health & Safety Program

Functional Abilities Review Procedure	Policy No. 6.8.2
<u>Date of Policy:</u> August 10, 2020	<u>Revision:</u>
<u>Motion Number:</u> 2020-373	

PURPOSE

The purpose of this procedure is to assist management when employee health issues impact work and to ensure the Finance & Human Resources Officer acts in an advisory and liaison capacity on health matters related to an employee’s ability to perform and attend work in a safe and predictable manner.

SCOPE

This procedure applies to all employees of the Town which includes but is not limited to permanent, temporary, term, and contract employees. This procedure also applies to volunteers, seasonal, and student. For the purpose of this procedure, collectively these classifications will be called “employees”.

DEFINITIONS

The following terms referenced in this Procedure are defined as:

Health Assessment Review A review and/or assessment by a health care practitioner to determine an employee’s ability to perform employment duties in a safe and predictable manner and not place themselves or others at risk. The review or assessment is coordinated by the Chief Administrative Officer with assistance from the Finance & Human Resources Officer.

Health Report The report provided to the department after the assessment that provides the following information:

1. Employee’s ability to attend and perform regular duties safely and predictably;
2. Employee’s ability to attend and perform regular duties safely with accommodation

STEPS

When an employee’s behaviour impacts work, management staff will:

1. Meet with the employee to discuss the behaviour that is impacting work
2. Advise of the impact of the behaviour on work
3. Develop an action plan to reduce the impact of the behaviour

When the employee indicates there is a health concern impacting their behaviour, management will:

1. Consult with the Finance & Human Resources Officer – regarding Return to Work – to coordinate a functional abilities review.
2. Consult with the Finance & Human Resources Officer – regarding Return to Work – for questions or concerns about the behaviour and the steps needed to address the problem

If, from the above steps, it is determined a functional abilities review is required, management staff will:

1. Discuss the situation with the employee to determine the nature of the review
2. Obtain consent for exchange of information between the Finance & Human Resources Officer and assessors and treatment providers
3. Ensure employee has arranged for the appropriate review
4. Review reports and provide a Health Report to the Finance & Human Resources Officer

TERMS AND CONDITIONS

Respect

All stakeholders will be respectful when discussing the need and requirement for a health assessment

Confidentiality

All information regarding a health assessment will be considered confidential in nature and is not to be shared. Information obtained in the health assessment will be kept in the confidential employee file. Only information regarding fitness to work will be shared with the workplace parties.

Assessment Costs

The costs of any assessment are paid by the employee's department.

The Town of Nipawin will reimburse all fees charged for completion of health review/assessment forms by a Medical Practitioner.

REFERENCE

[6.8 Sick Leave Policy.docx](#)

[6.8.1 Work Accomodations Policy & Procedure.docx](#)

[6.8.3 FUNCTIONAL ABILITIES FORM.docx](#)

Town of Nipawin Occupational Health & Safety Program

FUNCTIONAL ABILITIES FORM 6.8.3
NON-WORK-RELATED INJURY OR ILLNESS

The Town of Nipawin has a dynamic Return to Work Program where injured/disabled workers are provided with workplace accommodation that allows them to ease back to a full workload gradually. The Town of Nipawin can provide accommodation and modified duties throughout the Town; in the event it does not cause the Town undue hardship. You can assist us in planning for this worker's early rehabilitation by providing information on this report.

Thank-you for your co-operation in our reintegration of this worker back to productive work that will not aggravate the worker's injury/illness, nor constitute an additional hazard to the worker or fellow workers while performing the work assigned.

Please feel free to contact the Finance & Human Resources Officer if we can be of any further assistance to you at 306-862-9866.

SECTION A Completed by the Employee

Employee's Last Name	First Name	Telephone	
Address (no, street, apt)	Town	Province	Postal Code
Position Held		Length of Time in Position	

SECTION B Employee's Signature

By signing below, I am authorizing any health professional who treats me to provide me and my employer with information about my functional abilities for planning early and safe return to the workplace.	
Signature	Date: dd/mm/yyyy

SECTION C

Health Care Professional's Designation <input type="checkbox"/> Chiropractor <input type="checkbox"/> Physician <input type="checkbox"/> Physiotherapist <input type="checkbox"/> Registered Nurse <input type="checkbox"/> Other: _____			
Health Care Professionals Name (please print)			
Address (no, street, apt)	City/Town	Province	Postal Code
Health Professionals Signature		Date: dd/mm/yyyy	

SECTION D Completed by Health Care Professional to identify the patient’s overall abilities and limited abilities

Date of Injury/Illness dd/mm/yyyy:			
Date of Assessment Dd/mm/yyyy	Please check one: <input type="checkbox"/> Employee is capable of returning to work with full abilities	<input type="checkbox"/> Employee is capable of returning to work with limited abilities Complete Sections E and F	<input type="checkbox"/> Employee is physically unable to return to work at this time (including modified duties) Complete Sections E and F to verify limited abilities.

SECTION E Abilities

1. Please indicate **ABILITIES** that apply, **Include details in Section 3**

Walking abilities: <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 100 m <input type="checkbox"/> 100-200 m <input type="checkbox"/> Other (please specify)	Standing abilities: <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 15 minutes <input type="checkbox"/> 15-30 minutes <input type="checkbox"/> Other (please specify)	Sitting abilities: <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 30 minutes <input type="checkbox"/> 30 minutes – 1 hour <input type="checkbox"/> Other (please specify)	Lifting from floor to waist abilities: <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 10 lbs <input type="checkbox"/> 10-20 lbs <input type="checkbox"/> Other (please specify)	
Lifting from waist to shoulder abilities: <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 10 lbs <input type="checkbox"/> 10-20 lbs <input type="checkbox"/> Other (please specify)	Stair Climbing abilities: <input type="checkbox"/> Full abilities <input type="checkbox"/> Up to 5 steps <input type="checkbox"/> 5-10 steps <input type="checkbox"/> Other (please specify)	Ladder Climbing abilities: <input type="checkbox"/> Full abilities <input type="checkbox"/> 1-3 steps <input type="checkbox"/> 4-6 steps <input type="checkbox"/> Other (please specify)	Able to operate power mobile equipment: <input type="checkbox"/> Yes <input type="checkbox"/> No	Able to operate heavy equipment: <input type="checkbox"/> Yes <input type="checkbox"/> No
Pushing with: <input type="checkbox"/> Left arm <input type="checkbox"/> Right arm <input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Potential Side effects from medications (please specify) Do not include names of medications		Exposure to Vibration <input type="checkbox"/> Whole body <input type="checkbox"/> Hand/Arm	
<input type="checkbox"/> Stamina/Energy abilities (please specify)		<input type="checkbox"/> Hearing – Speech abilities (please specify)		<input type="checkbox"/> Vision abilities (please specify)
<input type="checkbox"/> Operate power mobile equipment abilities (please specify)		<input type="checkbox"/> Concentration abilities (please specify)		<input type="checkbox"/> Interact with others abilities (please specify)
<input type="checkbox"/> Understandability/Memory abilities (please specify)		<input type="checkbox"/> Read – Write activities (please specify)		<input type="checkbox"/> Computer Usage abilities (please specify)
<input type="checkbox"/> Tactile – Feeling abilities (please specify)		<input type="checkbox"/> Performance of multiple tasks abilities (please specify)		<input type="checkbox"/> Work to Speed abilities (please specify)
<input type="checkbox"/> Communication / Comprehension abilities (please specify)		<input type="checkbox"/> Other abilities related to the position:		

2. Please include **LIMITED ABILITIES** that apply. **Include details in section 3.**

<input type="checkbox"/> Bending / Twisting repetitive movement of: _____ (Please Specify)	<input type="checkbox"/> Work at or above shoulder activity	<input type="checkbox"/> Chemical exposure to: _____ (Please Specify)	<input type="checkbox"/> Environmental exposures to (e.g. heat, cold, noise, scents)	<input type="checkbox"/> Limited use of the hand(s)		
				Left <input type="checkbox"/>	Gripping <input type="checkbox"/>	Right <input type="checkbox"/>
				<input type="checkbox"/>	Pinching <input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	Other (specify) _____	<input type="checkbox"/>

3. **DETAILS** and additional Comments on **Abilities and / or limited abilities including timelines.**

4. From the date of this assessment, the above will apply for approximately

<input type="checkbox"/> 1-2 days	<input type="checkbox"/> 3-7 days	<input type="checkbox"/> 8-14 days	<input type="checkbox"/> 14 days
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5. The Town of Nipawin has a dynamic return to work program and is able to accommodate modified duties throughout the Town; in the event that the modified duties will not cause undue hardship. Have you discussed return to work with your patient?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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6. Recommendations for work hours and start date:

Hours of Work	Start Dates (dd/mm/yyyy)	End Dates (dd/mm/yyyy)
<input type="checkbox"/> Regular Full-Time hours		
<input type="checkbox"/> Modified Hours (please specify)		
<input type="checkbox"/> Graduated Hours (please specify)		

SECTION F Date of Next appointment

Recommended date of next appointment to review Abilities and/or limited abilities: _____	DATE (dd/mm/yyyy) _____
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Additional Notes that will aid in planning the return to work of the employee:

This information can be emailed or faxed to the Finance & Human Resources Officer:
c.turcotte@nipawin.com OR fax to 1-306-862-3076.