

## **INITIAL CONTACT - FORM**

Date:

Employee name/number:

Work Area:

Position:

Supervisor Name:

## Instructions:

- Contact the employee as soon as you are aware of their absence
- Document your conversation on this form
- Place the completed Initial Contact form in the Supervisor's file

NOTE: The supervisor should use discretion in determining the frequency of contact with an absent employee. The nature of the absence (bereavement, illness or injury etc.) should be taken into consideration.

## Introduction:

"I understand that you have booked off work and I am calling you for several reasons":

1) To see how you are doing

2) To let you know that we need information from you to determine our operational needs and to assist you in returning to work as early as possible

3) To provide you with information regarding employee absence procedures



Question 1. What is your current absence related to?

Medical, injury, family, personal, other?

• If absence is related to a <u>medical issue</u>, ensure the employee:

 is aware that if they are absent greater than 5 consecutive working days, they are required to complete an Attending Physician's Statement and submit to Homewood Health

- If absence is related to a work injury, ensure the employee has:
- completed a WCB Worker's Report of Injury

 sought medical attention. If not, request the employee to do so and inform them of the Occupational Injury Service (OIS) which is available on a voluntary basis to all City of Calgary employees.

• If the absence is due to a <u>non-work injury</u>, ensure the employee:

 is aware that if they are absent greater than 5 consecutive working days, they are required to complete an Attending Physician's Statement and submit to Homewood Health

• If absence is related to a personal or family issue:

inform the employee that Sickness and Accident benefits <u>do not</u> cover non medical conditions and they will need to utilize vacation, lieu time, or an LOA in order to deal with these concerns.

advise employee of the Employee and Family Assistance
Program (EFAP) which may be able to assist them with these types of issues

Question 2. When do you anticipate you will be able to return to work?

If the absence will be for greater than 5 consecutive working days, advise employee of the Sickness & Accident procedures noted above.

<u>Question 3.</u> Will you be returning to work at full duty or part time?

If part time, request the employee to have their doctor complete a Return to Work with Restrictions form and submit to you for your review and direction.



<u>Question 4.</u> Could you return to work earlier if we are able to modify your current job, or offer alternate work?

If yes, ensure the employee's doctor has completed a Return to Work with Restrictions form and request the employee submit to you for your review and direction.

<u>Questions 5.</u> Has your doctor identified your current work abilities and/or limitations?

If not, request the employee have their doctor complete a Return to Work with restrictions form and submit to you for your review and direction.