



Notification of 7 Consecutive Calendar Days of Absence

*These fields are required

Employee's Name * _____ Today's Date _____

Employee's Current Phone * _____ Last Day Worked _____

Facility/Site * _____

Employee DOB * _____

Supervisor Name _____

Supervisor Phone _____

OHN Name _____

OHN Phone _____

Referred By:

Self Supervisor OHN

Other (Name): _____ Phone _____

Yes No Employee has been advised to expect call from the **path** Program.

This employee has been absent from his/her work location for 7 consecutive calendar days and should be contacted to determine if he/she is eligible and wishes to participate in the **path** Program.

Please fax to the **path Program at (902) 832-9074 or send via email to path@healthassociation.ns.ca**

All employees who pay premiums to NSAO's LTD Plan are eligible to participate in **path** after 7 days of absence from work due to illness or injury not related to work.