



## 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](mailto:path@healthassociation.ns.ca)

All employees who pay premiums to NSAHO'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.