

Absence Notification Form



Send completed form to **Acclaim** via email:
allclients@acclaimability.com or via
fax: **416-486-9254**

Claims Status: Initial Revised Relapse (within 2 weeks of initial absence)

Type of Claims: STD WSIB Work Accommodation
Other _____

Type of Employee: Full-Time Part- Time

To be Completed in full by Supervisor, Manager or Human Resources

Employer Name:

Employee Number:

Employee Name:

Employee Address:

Employee Phone Number:

Position:

Site/Location

Department:

Last Day Worked:

First Day of Absence:

Regular hours worked per week:

Date of Hire:

Supervisor/Manager Name:

Supervisor Contact Info:

Phone

Fax

E-mail

Human Resources Designate:

HR Contact:

Phone

Fax

E-mail

Comments: