



SOLUTIONS FOR THE UNION WORKPLACE

EMPLOYER'S STATEMENT (To be completed by employer)

NAME OF EMPLOYEE	OCCUPATION	IS DISABILITY DUE TO EMPLOYMENT? <input type="checkbox"/> Yes <input type="checkbox"/> No	AVERAGE NUMBER OF HOURS WORKED PER WEEK
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HOURLY RATE: _____

REGULAR DAY OFF:
M T W TH F S S (CIRCLE)

DATE EMPLOYED ____/____/____	DATE INSURED ____/____/____	DATE LAST WORKED ____/____/____	REASON FOR STOPPING WORK <input type="checkbox"/> Dismissed <input type="checkbox"/> Lv of Absence <input type="checkbox"/> Resigned <input type="checkbox"/> Retired	Effective Date ____/____/____ <input type="checkbox"/> Disability <input type="checkbox"/> Layoff
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DATE RETURNED TO WORK <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME ____/____/____	NUMBER OF HOURS _____	IF EMPLOYEE HAS NOT RETURNED TO WORK, APPROXIMATE RETURN TO WORK DATE ____/____/____	DATE EMPLOYMENT TERMINATED ____/____/____
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WERE THERE ANY CHANGES TO THE EMPLOYEE'S JOB RESPONSIBILITIES DUE TO THE DISABLING CONDITION BEFORE THE EMPLOYEE BECAME TOTALLY DISABLED? Yes No IF YES, WHAT WERE THE CHANGES AND WHEN WERE THEY MADE?

IS THIS EMPLOYEE ELIGIBLE FOR SALARY CONTINUATION? Yes No
Please include a copy of applicable payroll record(s)
IF "YES", WHAT IS THE WEEKLY AMOUNT? \$ _____ WHEN DO BENEFITS BEGIN? ____/____/____ END? ____/____/____

CHECK THE ITEMS BELOW THAT RELATE TO THE EMPLOYEE'S JOB AND COMPLETE THE INFORMATION REQUESTED.
USE THESE DEFINITIONS FOR THE FREQUENCY OF OCCURRENCE:

- Not applicable** means the person does not perform this activity.
- Occasionally** means the person does the activity up to 33% of the time.
- Frequently** means the person does the activity 34% to 66% of the time.
- Continuously** means the person does the activity 67% to 100% of the time.

Activity	N/A	Occasionally	Frequently	Continuously
Standing				
Walking				
Balancing				
Stooping				
Kneeling				
Crouching				
Crawling				
Reaching/working overhead				
Keyboard Use/Repetitive Hand Motion				
Climbing				

Activity	Frequency	Weight
<input type="checkbox"/> PUSHING	_____	_____ LBS.
<input type="checkbox"/> PULLING	_____	_____ LBS.
<input type="checkbox"/> LIFTING	_____	_____ LBS.
<input type="checkbox"/> CARRYING	_____	_____ LBS.

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE THE ABOVE STATEMENTS ARE TRUE AND CORRECT.

NAME OF EMPLOYER (COMPANY)

PRINT NAME & TITLE OF OFFICAL REPRESENTATIVE

MAILING ADDRESS OF EMPLOYER (COMPANY)

SIGNATURE

TELEPHONE NUMBER

FAX NUMBER

____/____/____
DATE