

Section A : Identification of employee (to be completed by the employee)

Family name		First name	
Employee number	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth ____ / ____ / ____ Y M D	
Address		Province	Postal code
Date of beginning of disability ____ / ____ / ____ Y M D	Job title		

Section B : Identification of employer (to be completed by the employer)

Name of employer Centre de services scolaire des Portages-de-l'Outaouais			
Address 225, rue Saint-Rédempteur		Province Québec	Postal code J8X 2T3
Representative of employer ALEXIA BLAISE	Telephone n° (819) 771-4548, poste 855741	Fax n° (819) 771-8170	Email info-sante.srh@csspo.gouv.qc.ca
Signature			

Section C : Attestation and Authorization of Employee (to be completed by employee)

Have you filed, or do you intend to file a claim concerning your present disability under a law administered by one or the following organizations? (If so, please check the appropriate box.)

IVAC: Indemnisation des victimes d'actes criminels SAAQ: Société de l'assurance automobile du Québec

CSST: Commission de la santé et de la sécurité du travail RRQ: Régie des rentes du Québec

I certify that the information contained in this report is accurate, and I authorize the physicians and authorized representatives of hospitals and any other organizations concerned to provide the employer and "Services-conseils aux gestionnaires des réseaux de l'éducation" with any pertinent information concerning my health condition or medical history with regard to the disability described in this report. Upon request, I will submit to the employer the supporting documents attesting to the treatment received from any other health professional for the said disability.

Signature	____ / ____ / ____ Y M D	Telephone no. ()
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General Information Intended for the Attending Physician and the Employee Claiming Salary Insurance Benefit

Salary Insurance Plan

The employer assumes the costs related to the salary insurance plan in the education network in their entirety for the first 104 weeks of disability. This is a self-insurance plan to which the employee does not contribute.

While the employer is responsible for the payment of salary insurance benefits, he or she must ensure that the benefits are paid in accordance with the rules governing the collective agreements in force in the education network.

The employer may, if he or she deems it appropriate, require additional information in order to enable him or her to assess the eligibility of the claim, as well as any extension of the absence. He or she may refer an employee to a physician he or she may designate. Any cost related to a medical report, such as professional fees or additional information, are assumed by the employee, unless otherwise stipulated in the collective agreements or working conditions.

Definition of "Disability"

To be eligible for salary insurance benefits during a disability period, the employee must demonstrate that his or her medical condition meets the following criteria:

1. the state or incapacity must result from an illness, accident, pregnancy complication or surgical procedure related to family planning;
AND
2. the illness (or accident) necessitates medical care;
AND
3. the disability must render the employee unable to perform the usual duties of his or her position, or any other similar position calling for comparable remuneration.

Gradual Return to Work

Any employee may, after agreement with the employer, benefit from a period or gradual return to work during which he or she must be able to perform all or his or her duties according to the agreed proportion or time.

Note: This document is intended for information purposes only and does not, in any circumstances, replace or add to the definitions contained in the collective agreements in force in the education network.

