



Sick Leave Self-Declaration Form

For non work-related injuries and illnesses (to be completed by the employee)

- This form can be used to certify short-term sick leave absences of no more than 10 consecutive working days (2 weeks).
- Completed forms should be returned as per the information at the bottom of the form.
- Collection of this information is for the express purposes of safeguarding health, containing any illness present in the workforce, certification of sick leave, and to achieve COVID-19 preventative and precautionary measures, if needed. This information will not be disclosed and will be kept confidential except as required by law or with the employee's express consent.
- Please note that your manager always retains the right, when required, to ask for a Sick Leave Certificate signed by a Health Care Provider.

Please complete the following:

Employee Name:	Employee Number:
Employee Phone Number:	Employee Email Address (optional):
Name of Supervisor:	Department:
Union, please check applicable: <input type="checkbox"/> ATU1760 <input type="checkbox"/> ATU279 <input type="checkbox"/> CIPP <input type="checkbox"/> CUPE503 <input type="checkbox"/> CUPE5500 <input type="checkbox"/> MPE <input type="checkbox"/> SAS <input type="checkbox"/> Other:	

Declaration: I declare that for the period of the absence noted below, I was unable to work due to a non work-related injury or illness. I acknowledge that making a false statement is serious misconduct.

First day of absence:	Last day of absence:
Return to work date:	Total # of days off work:
Signature:	Date:

IMPORTANT: Please note that if you have been off work due to **COVID-19**, you must be symptom-free for a **full 24 hours** prior to returning to work.

Within the timelines set out in your collective agreement, the Sick Leave Self-Declaration form must be provided to the employee's manager. Managers, please forward to the appropriate location:

- For **ATU 279** members, email to ATU279sickleavecertification@ottawa.ca, by fax to 580-2604 or by internal mail at mail code 26-31
- For **Ottawa Paramedic Service**, email to sean.cook@ottawa.ca and email sickleavecertification@ottawa.ca
- For **Fire Services**, email to [CPS - FS - Sick Leave Reporting \(Fire\)@ottawa.ca](mailto:CPS - FS - Sick Leave Reporting (Fire)@ottawa.ca)
- For **Long Term Care**, send to your staffing coordinator
- For **all other groups**, email to sickleavecertification@ottawa.ca, by fax to 613-580-2646 or by internal mail at mail code 26-31

Personal information on this form is collected under the authority of Sections 8 and 227(c) of the Municipal Act, 2001, S.O. 2001, c.25 and will be used for the purpose of certifying medical leave. Questions concerning the collection and use of this information may be directed to Laurie-Ann McLean, phone number 613-580-2424, ext. 44161.