

Additional statement regarding a disability

Partial Residual

Employer or self-employed individual's statement

Contract number

A. IDENTIFICATION

Last name of disabled person	First name
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B. PAID ACTIVITIES

1. Please specify the number of hours worked each day of the week:

Weekly schedule **before** your leave of absence

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Number of hours worked							

Weekly schedule **during** your leave of absence

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Number of hours worked							

2. Please indicate the date of your return to work

- for a partial disability: **YYYY-MM-DD**

- for a residual disability: **YYYY-MM-DD**

3. Please indicate the breakdown of your duties before your return to work and since your partial or residual return to work:

Tasks	Number of hours per week	
	Before returning to work	Since returning to work

4. Please indicate why the disabled person cannot perform their usual duties:

5. Please indicate why the disabled person cannot resume their usual work schedule:

C. DECLARATION

I declare that the above answers are full and true.

Signature of disabled person _____ Date _____

Signature of the employer's authorized representative _____ Date _____