

## 1. IDENTIFICATION

<b>Employee Last Name</b>	<b>First Name and Initials</b>	<b>OPTrust ID Number</b>	<b>WIN Number</b>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Employer: Ministry or Agency, Board, Commission (ABC)</b>	<b>Ministry or ABC Address</b>	<b>Business Telephone Number</b>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

## 2. WORK AND DISABILITY HISTORY

- What is the applicant's position title?
- Has the applicant resigned from employment?  Yes  No If not, why? 

What was the last day worked? (DD/MM/YYYY)
- What is the position category?  • Please complete and attach a **Physical Demand Analysis** for this position.
- What is the position class/grade?
- Please provide a description of the applicant's position with reference to its:
  - complexity
  - skill required
  - responsibility
- What is the applicant's period of employment in his/her current position?
 

From: Date (DD/MM/YYYY)	To: Date (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>
- Name of immediate supervisor?  Telephone Number
- How has the applicant's condition impacted on his/her regular:
 

— hours of work <input type="text"/>	— job duties <input type="text"/>
— job performance <input type="text"/>	— job satisfaction <input type="text"/>
- When did the applicant's medical condition first appear to affect work performance?
- Do you feel the applicant is able to perform the essential duties of a similar position in the same class and grade?
- Has the applicant been considered for an alternative position in the same class and grade? If so provide details.
- What kind of job accommodations have you considered for the applicant?
- Is the applicant a candidate for retraining?

### 3. STATUS

• Is the applicant:

— still a member of the OPSEU Pension Plan  Yes  No If no, give termination date:

— on leave of absence with pay?  Yes  No If yes, give start date:

— on leave of absence without pay  Yes  No If yes, give start date:

### 4. OTHER DISABILITY BENEFITS

• Has the applicant applied for Long Term Income Protection (LTIP) benefits?  Yes  No

— Was the applicant's LTIP benefit application:  Approved  Denied Effective date:

— Is the applicant currently in receipt of LTIP benefits?  Yes  No

— What kind of LTIP benefits is the applicant receiving?  Stage 1  Stage 2

— Has the employee made claim under:

Worker's Compensation Plan:  Yes  No Date applied:  Granted:  Yes  No

Canada Pension Plan:  Yes  No Date applied:  Granted:  Yes  No

If no application was made, or claim was disallowed, please state reason:

### SIGNATURES

Ministry /ABC Official (Please print name)

Title

Authorized Signature

Telephone Number

Date Signed (DD/MM/YYYY)