



Physician's Certificate of Illness Form

Section 1: To Be Completed by Employee (Please Print)

Employee's Name:		Unit:	Classification:
Home Address:			
Date Absence Began: DD/MM/YYYY: _____		Date Absence Ended: DD/MM/YYYY: _____	
Physician's Name:	Address:		Telephone Number:
I request the above named physician to complete the information listed below, and I authorize its release to my employer.			
Signature (Employee): X _____		Date: X _____	

Section 2: Job Description Information

Job Title: Working Foreperson

Job Summary:

- In addition to performing regular duties of his/her trade or function, the incumbent directs, monitors and expedites work assigned by a supervisor and/or G/F (contracted or in-house) in a cost effective and efficient manner that ensures high quality and promotes the University's best interests.
- Ensures hazard assessments are performed prior to work commencing and all work activity complies with all applicable safety and building codes, University and legislated regulations and established trade standards.
- Provides guidance and instruction to staff to ensure work is performed effectively, utilizing the correct methods/best practices and procedures.
- Develops effective working relationships. Motivates and leads by example.
- Prepares estimates for maintenance and/or project work including labour, material, contracted services and related schedule.
- Seeks supervisor authorization for any deviation from work content, time or cost estimates as specified in the work order and/or drawings.
- Ensures accurate information in FAMIS (e.g. start date, completion date, priority, estimated hours and scope).
- Ensures Facilities Management (FM) and University policies and procedures are adhered to.
- Trains, monitors, and directs an assigned group of staff, including early intervention of attendance, punctuality, conduct and performance issues and reports concerns to respective supervisor.
- Communicates with building clients (normally University Administrators and researchers) and FM staff in a professional and courteous manner to discuss work requirements, service interruptions, and work order status, etc., as required.
- Responds appropriately to urgent and non-urgent client requests.
- Investigates, analyzes, and resolves maintenance and operational issues in consultation with the G/F, supervisor, or designate when necessary.
- Assists supervisor and the G/F with the processing of daily time cards, scheduling, work order completions and time off requests, as required, utilizing FAMIS.
- May act as liaison with consultants, vendors, and contractors as required.
- Prepares and submits accident/incident reports and responds to health and safety concerns by investigating and making recommendation to supervisor regarding resolution.
- Completes reports and documentation as required
- Ensures tools, equipment, and materials (including rentals) are in good working order and on site as required.
- Performs other duties as assigned.

Physical Demands:

Lifting/Carrying	N/A	0 - 10 lbs.	11 - 20 lbs.	21 - 50 lbs.	> 50 lbs.	Frequency
Lifting - Floor to Waist	<input checked="" type="checkbox"/>					N/A
Lifting - Waist to Shoulder	<input checked="" type="checkbox"/>					N/A
Lifting - Above Shoulder	<input checked="" type="checkbox"/>					N/A
Lifting - Carrying	<input checked="" type="checkbox"/>					N/A

Section 3: To Be Completed by Physician

I have seen the above named person during the period of his/her absence from work: Yes No

The above named person has a diagnosed illness or injury: Yes No

Please indicate date and time of office visit(s) Date(s): _____ Time(s): _____

Nature of illness: _____

Could the above named person attend work immediately, or at an earlier date than currently anticipated to perform modified duties? Yes No

If yes, when and what accommodations would you recommend?

If no, what is the estimated date of return to work at full time duties or graduated return to work schedule?

Signature (Physician): X _____

Date: X _____

For patient confidentiality, please submit form to:

**Nancey Roach, RN, COHN(C)
Disability Coordinator
Human Resources, Dalhousie University
Confidential Fax: (902) 494-7864
Phone: (902) 494-4351**