

## Employer Services Disability Notification Form

Please ensure that all fields are completed and forward to Banyan Work Health Solutions' Administrative Centre by email at [employer\\_services@banyanconsultants.com](mailto:employer_services@banyanconsultants.com) or via fax to our toll free number 1-866-752-5265 or 416-588-9235.

Referral Date: \_\_\_\_\_

### REFERRAL REQUESTED BY:

Referral Source Name/Title: \_\_\_\_\_ Telephone (Toll Free): \_\_\_\_\_

Company: \_\_\_\_\_ Telephone (Direct Line): \_\_\_\_\_

Address: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Employee Personal Information:

Last name: \_\_\_\_\_ First name: \_\_\_\_\_

Home phone: \_\_\_\_\_

Alternate phone: \_\_\_\_\_

Preferred language: \_\_\_\_\_

Address NO. & Street \_\_\_\_\_ City \_\_\_\_\_ Province \_\_\_\_\_ Postal Code \_\_\_\_\_

Date of birth: \_\_\_\_\_

### Employment Information:

Employee number: \_\_\_\_\_

Date of hire: \_\_\_\_\_

Job Title and department: \_\_\_\_\_

Indicate whether shift work or alternate work arrangement: Yes No

Supervisor/Manager's name: \_\_\_\_\_

Supervisor/Manager's contact information

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**Absence Information:**

Last day worked (LDW): \_\_\_\_\_

First day absent (FDA): \_\_\_\_\_

STD start date: \_\_\_\_\_

Comments regarding present absence or absence history

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Has a return to work been attempted? Please provide details.	Yes	No
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