



CUPE 3912 Article 24.04 - Application

"24.04 Employees who become disabled will be paid seventy five percent (75%) of the stipend for the balance of their contract provided the Employee is not covered under any other disability plan. The Employee shall, upon request by the Employer, provide an appropriate medical certificate in a form, which is satisfactory to the Employer."

LAST NAME:		FIRST NAME:	
DEPARTMENT:			SIN:
ADDRESS :			
TELEPHONE NUMBER:	HOME	ALTERNATE	
APPLICABLE FUNDS WILL BE DEPOSITED AS PER DIRECT DEPOSIT INFORMATION ON FILE UNLESS OTHERWISE ADVISED.			
CONTRACT DETAILS:			
<input type="radio"/> FALL SEMESTER	<input type="radio"/> WINTER SEMESTER	<input type="radio"/> SUMMER SESSION I	<input type="radio"/> SUMMER SESSION II
COURSE NAME:	SECTION	DATE LAST CLASS TAUGHT:	
COURSE NAME:	SECTION	DATE LAST CLASS TAUGHT:	
COURSE NAME:	SECTION	DATE LAST CLASS TAUGHT:	
CERTIFICATION:			
TO CLAIM UNDER ARTICLE 24.04, THE APPLICANT MUST SIGN BELOW CERTIFYING THAT THEY:			
1. HAVE PROVIDED AN APPROPRIATE MEDICAL CERTIFICATE IN A FORM SATISFACTORY TO THE EMPLOYER (PHYSICIAN MUST INCLUDE A STATEMENT INDICATING THAT THE EMPLOYEE IS DISABLED AND PROVIDE A PROGNOSIS REGARDING THE EXPECTED DURATION). THE APPLICANT IS RESPONSIBLE FOR ANY FEES THAT THE PHYSICIAN MAY CHARGE TO PROVIDE THE REQUIRED INFORMATION.			
2. ARE NOT COVERED UNDER ANY OTHER DISABILITY PLAN.			
<input type="radio"/> MEDICAL CERTIFICATE ATTACHED NOTE THAT ADDITIONAL MEDICAL INFORMATION MAY BE REQUESTED.		<input type="radio"/> NOT COVERED UNDER OTHER DISABILITY PLAN COVERAGE UNDER ANY OTHER DISABILITY PLAN WILL CAUSE THE APPLICANT TO BE INELIGIBLE FOR THIS BENEFIT.	
SIGNATURE:		DATE:	

Conditions:

For the purposes of Article 24.04, disability is defined as a condition that renders the employee incapable of performing the duties for the balance of his/her current part-time teaching contract(s) at Saint Mary's University by reason of any medically determinable physical or mental impairment. By making a claim under Article 24.04 the employee is claiming that they are disabled. This Article is not intended to provide sick leave or to cover for scheduled or elective procedures.

I understand that by accepting 75% of the stipend for the balance of the contract(s) that I have self adjudicated any claim for disability and acknowledged that I have done so in consultation with the medical physician whose certificate is attached. I understand that I will not be able to be eligible to hold any future contract for part-time teaching at Saint Mary's University until such time as I have provided to Saint Mary's University a medical confirmation that I am able to carry out my responsibilities under the contract for part-time teaching.

SIGNATURE OF APPLICANT DATE

SIGNATURE OF WITNESS DATE

DEPARTMENTAL CHAIR DATE

PLEASE OBTAIN SIGNATURE FROM DEPARTMENTAL CHAIR AND FORWARD COMPLETED FORM & ALL REQUIRED ATTACHMENTS TO THE VICE PRESIDENT, ACADEMIC & RESEARCH

UNIVERSITY USE

VICE PRESIDENT, ACADEMIC & RESEARCH DATE

OFFICE OF THE VICE PRESIDENT, ACADEMIC & RESEARCH TO DISTRIBUTE AS FOLLOWS ON APPROVAL:
COPIES: EMPLOYEE CUPE NATIONAL REPRESENTATIVE PAYROLL HUMAN RESOURCES OFFICIAL FILE

RETURN TO WORK - MEDICAL CERTIFICATE REQUIRED RECEIVED DATE: