



RYSE Medical Leave Request Form

**Employee Information:**

Employee Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Specialized Home: \_\_\_\_\_

Supervisor/Manager: \_\_\_\_\_

**Contact Information:**

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

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

Medical Leave Details:

Reason for Leave (Please check the appropriate box):

Personal Illness  Personal Injury  Surgery/Procedure  Other (Please specify):

\_\_\_\_\_

Estimated Start Date of Medical Leave: \_\_\_\_\_

Estimated End Date of Medical Leave: \_\_\_\_\_

Medical Documentation:

Please submit a medical certificate or other appropriate documentation from a qualified medical practitioner, specifying your medical condition, the need for leave, and the expected duration of the leave.



Employee Acknowledgment:

I understand that I am responsible for providing accurate and complete information in this form and for submitting the required medical documentation to support my medical leave request. I understand that my medical leave is subject to approval by RYSE and is in accordance with company policy and the Employment Standards Act of British Columbia, Canada. I acknowledge that I am required to contribute 50% of the total cost of my benefits during my medical leave.

Employee Signature: \_\_\_\_\_

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

For HR/Management Use Only:

Medical Leave Request Status:

Approved  Denied  More information required

If denied or more information is required, please provide the reason:

HR/Manager Signature: \_\_\_\_\_

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

Please submit the completed form and medical documentation to the Human Resources department at [LyndseyD@rysesupportiveservices.ca](mailto:LyndseyD@rysesupportiveservices.ca)  
Please provide post-dated cheques for each month you are expected to be absent from RYSE to the head office or to a Services Manager prior to your leave.  
Failure to do so will forfeit your benefits coverage.