



CANADIAN COUNCIL of CHRISTIAN CHARITIES

EMPLOYEE ABSENCE PROFILE

Name:	
Address:	
Phone Number: Home	Office :
Date of Birth:	Language: English Other
Job Title:	Full-time Part-time
Work Site/Department:	Hiring Date:
Last Day: Worked	Expected Return: to Work Date
Union: Yes No	Union Name:
Possibility of Modified Duties:	Yes No
Possibility for Modified Schedule:	Yes No
Medical Certificate on File: (If Yes Include Certificate)	Yes No
Previous Absences:	Yes No
Date:	Motive:
Date:	Motive:
Date:	Motive:
Date:	Motive:
Comments/Observations:	

To facilitate our first contact, please inform your employee of the referral to Cowan.