



Serious Illness or Injury Leave – Notification to Employer

Important information about this form

This notification form has been approved by the Director of Labour Standards, Department of Labour, Skills and Immigration.

This form must be completed if an employee needs time off work because of a serious illness or injury and their employer requires the employee to provide the form. **Employers can choose not to require employees to provide the notification form.**

A legally qualified medical practitioner who is participating in the treatment of the employee's serious illness or injury must complete Part 2 of this form.

A legally qualified medical practitioner means a person who practises a regulated health profession such as a doctor, nurse practitioner, dentist, psychologist, respiratory therapist, physiotherapist or occupational therapist. A complete list of regulated health professionals is set out in the Nova Scotia [Patient Access to Care Act](#).

We have tried to simplify this form to reduce the administrative burden on medical practitioners. We encourage medical practitioners to consider not charging employees for filling out this form.

Note: Depending on the nature of the employee's serious illness or injury, and the type of work they do, their employer may be able to provide them with flexible work arrangements that would allow the employee to address their serious illness or injury without requiring leave from work. We encourage employees who feel this might be an option to discuss it with their employer.

PART 2: This section is to be completed by a legally qualified medical practitioner

The purpose of this form is to identify the need for, and length of, leave for a serious illness or injury. The seriousness of an injury or illness is to be assessed by the practitioner. Nova Scotia Labour Standards does not define what is considered a “serious” illness or injury.

Please do not include information regarding the Employee’s diagnosis or confidential medical information.

- I certify that I am a legally qualified medical practitioner participating in the treatment of the Employee’s serious illness or injury.**

- I confirm that the Employee named in this form is experiencing a serious illness or injury.**

Expected start date of the leave (month/day/year) _____

Note: The start date can be backdated to the date of diagnosis if the Employee missed time due to the serious illness/injury prior to diagnosis.

Expected end date of the leave if known (month/day/year) _____

Note: 27 weeks of serious illness leave may be taken within a 52-week period. The leave can be broken up but must be taken in minimum periods of at least one week.

Optional - Other comments related to length and nature of the leave (E.g., does the Employee require intermittent periods of leave?):

Name (print): _____ **Organization:** _____

Position/Title: _____ **Phone:** _____

Signature: _____ **Date:** _____

For more information on this form or serious illness or injury leave, go to:
<https://novascotia.ca/lae/employmentrights/workplaces-legislation-changes.asp>
If you have questions, please contact the Labour Standards Division at 1-888-315-0110 or labourstandards@novascotia.ca.