

For assistance with this form, please contact:  
Health Recovery and Return to Work Services,  
Human Resources, Health, Safety and Environment:  
[recovery@ualberta.ca](mailto:recovery@ualberta.ca)

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## Chronic Medical Condition

For eligible NASA Support Staff, in accordance with the Collective Agreement between the Non-Academic Staff Association and the University of Alberta, where a chronic medical condition has been established with appropriate medical documentation, any absences as a result of that condition will be considered general illness without the need for medical documentation for each absence, provided the duration and frequency of absences are consistent with the approved medical documentation.

## Application Process

- I have reviewed this form and will seek any additional clarification/information I need from my supervisor, a Human Resource Service Partner, via email to [recovery@ualberta.ca](mailto:recovery@ualberta.ca), or to NASA via email at [nasa@nasaunion.ca](mailto:nasa@nasaunion.ca) or by phone at 780-439-3181.
- As part of the information gathering process, I understand I am not required to discuss diagnosis or treatment of my medical condition with any of the above noted parties.
- I will sign this form and provide a signed copy to my supervisor.
- My supervisor will complete the On-Line Notification form (OLN) and submit the OLN form and a copy of this request form to [recovery@ualberta.ca](mailto:recovery@ualberta.ca), who emails the form to Homewood Health Inc. (HHI)
- HHI will work with me to understand my medical situation and gather information to assess the request. I may provide consent directly to HHI to gather the necessary medical information, or alternatively, I will be provided the CMC Medical Information form to take to my treating physician and gather the medical information required. If additional medical information is required, I will work with HHI to obtain the needed information.
- HHI will review all relevant medical information and provide a recommendation to Health Recovery and Return to Work Service. A Consultant from Health Recovery will advise on the outcome of the request.

## Signature Requesting a Chronic Medical Condition Status

I have read this document and sought advice as necessary. I am requesting that the Chronic Medical Condition provision of the collective agreement be applied to my medical circumstance. I agree to follow the process noted above and will cooperate with all parties to allow for the review and determination of this request. I also understand that if I have a significant change or complication in my medical condition that significantly impacts my duration or frequency of CMC absences, I will re-submit a request and provide additional medical information to Homewood Health Inc. (HHI) to review my status and provide updated recommendations.

Name: \_\_\_\_\_ Department/Faculty: \_\_\_\_\_

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