

ATTENTION



SEIU-WEST MEMBERS

SASKATOON HEALTH REGION EMPLOYER MEDICAL INFORMATION FORM



**DID YOUR EMPLOYER GIVE YOU A FORM AND
ASK YOU TO HAVE IT COMPLETED BY YOUR
MEDICAL CARE PROVIDER?**



**DID YOUR MEDICAL CARE PROVIDER CHARGE
YOU TO COMPLETE THE FORM?**

**IF YOU HAD TO PAY TO HAVE THE EMPLOYER'S FORM
COMPLETED, AND THE EMPLOYER DID NOT
REIMBURSE YOU, CONTACT A MEMBER OF YOUR
UNIT EXECUTIVE, SHOP STEWARD OR CALL THE
MEMBER RESOURCE CENTRE AT 652-1011 EXT. 2249.**

"THIS IS A GRIEVANCE"