**LETTER 6 – CONVERTING STIIP TRIAL TO LTD REHABILITATIVE EMPLOYMENT TRIAL**

This letter is used when an existing trial extends beyond the end of the STIIP period into the LTD period. This letter is used after the employee has received the initial STIIP trial letter (ie: letter #2 or #3).

***PLEASE NOTE***

***The language in this DRAFT letter is intended for use only as a model. Each case is unique and specific language will be required in every instance. Any italicized and bolded text or any text between these two symbols < > needs to be removed or replaced appropriately for each case. Your own ministry letterhead must be used. Your Disability Case Specialist is available to provide advice during the STIIP period, and your Corporate Advisor is available during the LTD period.***

***PLEASE NOTE***

***It is important to note that timely distribution of all cc’s allows for accurate payment to your employee and prevents overpayments. The pc’s notify parties to make entries as required that affect your employee’s pay. Your Disability Case Specialist (during STIIP) or Corporate Advisor (during LTD) can assist you with identifying the cc recipients.***

###  *If converting from Full time STIIP Trial to Rehabilitative Employment Trial 2.3(c) trial, please discuss with your Disability Case Specialist.*

***<Date>***

***<Employee’s name>***

***<Employee’s address>***

Dear ***<Employee>***:

#### Re: Converting Short Term Illness and Injury Plan (STIIP) Trial to Long Term Disability (LTD) Rehabilitative Trial Due to expiry of STIIP Period*<delete references below that are not applicable>*

# <Unifor Agreement, Appendix B, 2.03>

# <PEA Agreement, Information Appendix A, 2.03>

# <BCNU Agreement, Appendix 3, Section 2.03>

This letter is to provide you with information regarding the status of your ***<full-time><gradual>*** return–to-work trial. As your STIIP period ended ***<date>***, your trial is now in accordance with the ***<use appropriate Agreement reference as above>*** and will convert to an LTD rehabilitative employment trial under the LTD plan at the beginning of this LTD period.

***<Rate of pay: of the three paragraphs that follow, select the one that is applicable for this rehabilitation trial and delete the other two paragraphs that do not apply>***

As you are expected to perform the principle duties of this position, you will be paid the position’s current rate of pay, which is ***<$rate of pay>***, for hours worked.

As you are expected to perform the principle duties of this position, you will be paid 100% of your ***<classification>*** salary level as at the end of your STIIP period, for hours worked. The rate of pay for your classification is greater than the current rate of pay for the position.

As you are not expected to perform the principle duties of the position, you will be paid 100% of your ***<classification>*** salary level as at the end of your STIIP period, for hours worked.

You may be eligible for LTD benefits for hours not worked, if your claim is subsequently accepted by Canada Life. If your claim is presently being adjudicated, has been declined, or if you have not applied, you will not be paid for hours not worked. You are not entitled to STIIP benefits during this trial, and any absences (e.g. doctor’s appointment, illness) will be recorded as an absence on LTD. If you have not been accepted on LTD, you will not be paid for any absences.

It is important that the instructions noted below are followed as described to ensure that your rehabilitative trial earnings and your LTD benefits are paid on time and correctly.

**To get paid on time, and correctly, you must:**

1. Send me an e-mail, or a completed timesheet, on the last working day of each pay period reporting the hours you have worked on each day or you will not get paid. Do not report start and finish times.

2. The email subject line must contain (in order): Rehab, Department ID number, your name and your employee ID number.

3. I will confirm the hours worked and forward the e-mail to the appropriate payroll contact for processing (forward to: tss.pay.acctdisben@telus.com ).

4. Review your paycheque electronically using the self-serve function on the Tuesday before each payday Friday to ensure your pay is correct. If it is not, advise me immediately and I will work to resolve the issue with payroll.

You will receive payment for the hours worked during your rehabilitative trial from the Ministry every pay period. Canada Life will also be paying you for hours not worked on a bi-weekly basis and you will receive this payment a few days after the pay period ends.

Vacation leave will not be earned or approved during this trial period, but you will receive 6% vacation pay. While service and classification seniority is not earned during the LTD period, you will earn seniority for the hours worked on a rehabilitative trial. However, if you are on an accepted WSBC claim, you will continue to accrue seniority until such time as your WSBC claim expires.

# As you are in the LTD period, with the exception of the *<use appropriate collective agreement reference: Unifor Agreement, Appendix B; OR PEA Agreement, Information Appendix A; OR BCNU Agreement, Appendix 3>*, you are not covered by any other portion of the collective agreement.

This trial period will provide you, your doctors and Occupational Health Programs Staff with an opportunity to ensure your recovery continues while you readjust to your work tasks. During this trial period, I will also be actively working with you to review and assess your ability to perform the assigned duties. It may be necessary to amend the conditions of the return to work trial to assist you in your return to work. Regular updates from your doctor or Occupational Health Programs may be required.

***<OPTIONAL: for safety sensitive positions, e.g. positions in environments where heavy equipment is used; positions required to carry firearms; positions required to restrain or apprehend individuals.***

The employer may require confirmation of a clearance to return to work through specific testing or an Occupational Heath Programs examination for your ***<job title>*** position.***>***

All other conditions as outlined in our original letter of ***<date of original trial letter>*** will remain the same.

Best wishes for a healthy, successful return to work. Should you have any questions with regards to the above, please call me at ***<telephone number>****.*

Yours truly,

## <Supervisor name>

***<Title>***

pc: AskMyHR (scan and submit through an AskMyHR Online Service Request: Select My Team or Organization> Health & Wellbeing> Rehabilitation Letters)

***<Copy the one specialist you are currently working with below, not both:>***

***<Name>***, Disability Case Specialist, Workplace Health Services, BC Public Service Agency

***OR***

***<Name>,*** Corporate Advisor, Workplace Health Services, BC Public Service Agency

Canada Life (via e-mail to Vancouver.DMSO@canadalife.com)

Benefits Representative, **<PEA, BCNU, OR Unifor>**