
Short-Term Disability Absence Notification Form

To be completed in full by employer:

Employee Name _____

Employee Date of Birth _____ Employee Phone _____

Employee Email Address _____

Employee Mailing Address _____

Employee Position _____

Date of Hire _____ Hourly ___ Salaried ___

Actual Last Day Worked _____ First Day Absent _____

Were accommodations made to the employee's duties prior to the actual last day worked? ___

If yes, indicate dates and describe modifications. _____

Name of School _____

School Contact Person _____

School Contact Phone _____

School Contact Email _____

Christian Education Health Plan Contact Person: Laura Landstra

Phone: 877.274.8796 ext 230

Email: laura.landstra@cebteam.org

Notes:

**Send completed form to Acclaim at allclients@acclaimability.com or fax to 1.866.486.8663
and cc to: laura.landstra@cebteam.org.**