

Enhanced Disability Management Program



Your Name
Your Address
Your City, Province, Postal Code
Your Phone Number

Date

Name
Title
Company
Address

Dear [Employee],

The Enhanced Disability Management Program (EDMP) is a jointly-developed, employee-centered, pro-active, appropriate and customized service for employees with work and non-work related illness and/or injury. You were referred to EDMP on [date] because you had [insert criteria ie: missed 5 consecutive shifts]. Under the terms of the Provincial Collective Agreement, participation in the EDMP is required unless there is a bona-fide reason to decline participation.

I have tried to contact you on [insert dates] to discuss your enrollment in the program, but I have been unable to reach you.

I am sending you a copy of the EDMP information package, which includes the Authorization Form, information about the program and confidentiality. Your EDMP Steward, [insert name] will also be following up with you to review the EDMP program and answer any questions you may have.

Please complete the authorization form and return it by [date - one week from date of letter] so that we can enroll you in the program.

If we have not heard from you by then, we will notify your manager and the associated HR Advisor for further action. If you have concerns about participating in the program or there is some reason why you cannot participate please contact your EDMP Steward [insert EDMP Steward name and contact] to discuss.

Sincerely,

[DMP]

[DMP contact]

