

E-MAILED
Nov 10/21

Employer Statement & Job Description



Submit online:
desjardinslifeinsurance.com/send
 Complete and save the form on your computer first.
 Keep original forms for your records.



By mail:
 PO Box 1203 STN A
 Toronto ON M5W 1G6
 Send original forms and keep copies
 for your records.



By fax:
 1-844-409-6571 (toll free)
 416-926-0697
 Keep original forms for your records.



GROUP INSURANCE - DISABILITY CLAIMS

**DISABILITY OR WAIVER OF PREMIUM CLAIM
 EMPLOYER STATEMENT**

A - IDENTIFICATION We are unable to assess this claim unless all questions are answered completely.

EMPLOYEE Last name and first name Parrott Leahan		Certificate or identification no. 0063468911	Social insurance no.* 492286802
Address of employee - No., street, apt. 219 Rye Street, PO Box 51		City Matachewan	Province ON
Postal code P0K1M0		E-mail address: lparrott@nanlegal.on.ca	
Telephone no.: (705) 5 6 5 2 5 5 7		Policy or group or contract no. 641028	
POLICYHOLDER OR EMPLOYER Name CINUP		Division no.	
Address of policyholder or employer - No., street, suite 1805 Arthur St. East, Unit 100		City Thunder Bay	Province ON
Postal code P7E 2R6		Fax no.: (807) 6 2 2 3 0 2 4	
Telephone no.: (807) 6 2 2 - 1 4 1 3		YYYY MM DD	

COMPLETE IF SELF-ADMINISTERED: Effective date of coverage: _____ Class no.: _____

* Social insurance number is necessary only if the disability claims are taxable.

B - GENERAL INFORMATION

If the benefits are taxable, the basic tax deductions will be made.
 In all other cases, please provide the appropriate tax forms.

1 Current salary Amount \$ 2,307.70
 Weekly Monthly Every two weeks

2 Salary effective date YYYY MM DD 2 0 2 1 - 1 1 - 0 3

3 Job status Full time Part time

4 Indicate days in normal work week
 SUN MON TUE WED THU FRI SAT
 Hours worked per week 35.00

5 Type of schedule Variable Rotating

6 Premium paid by Employer Employee Both

7 Date of employment YYYY MM DD 2 0 0 0 - 1 0 - 0 2

8 Occupation Restorative Justice Advocate

9 Date last worked YYYY MM DD 2 0 2 1 - 1 1 - 0 1
 No. of hours worked 7.00

10 Is disability due to an accident? Yes No If "Yes", date of accident: _____

11 Did or will the employee receive any income during the disability period? Yes No If "Yes", indicate below:
 (Type: holiday pay, maternity, disability, EI benefits, salary, lump sum, other)
 Type: Sick Leave Amount: \$ _____ Period: 5 days

12 If the employee is pregnant, has an application for a preventive withdrawal been, or will it be, submitted to the CNESST (Québec only)? Yes No

13 Has a claim been filed with a government agency? Yes No If "Yes", indicate below:
 CNESST / WCB / WSIB / WHSCC CPP / QPP SAAQ (Québec only)
 Other, specify: _____

Date Filed: 2 0 2 1 - 1 1 - 0 2 Decision Rendered: _____ Amount: \$ _____

14 Has the employee returned to work? Yes No If "Yes", on what date: _____

15 Is this person still in your employ? Yes No - Termination date: _____ Reason: _____

16 Was this person given a record of employment? Yes No

17 Are there any work-related factors that may have contributed to the employee's disability or had an impact on their return-to-work?
 No Yes - Please specify: _____

18 Is your employee eligible for an exemption under the Indian Act (R.S.C. (1985), c. I-5)? Yes No
 If so, please indicate the percentage of employment income that is not taxable: 100.00 %

PLEASE COMPLETE THE BACK OF THE FORM.

C - PHYSICAL WORK ENVIRONMENT

Please attach a brief job description if available.

1. What are the main duties of the employee's job and how much time is allocated to each one weekly?

Duties	Supporting RJ Team	25 %	Duties	Administrative Duties	15 %
Duties	Facilitating Restorative Justice Circles	50 %	Duties	Education and Training	10 %

For questions 2 and 3, **FREQUENCY** is defined as follows:

OCCASIONALLY: 0-15 % of the times **FREQUENTLY:** 16-50 % of the time **ALWAYS:** 51 % + of the time

2. Work environment - Does the employee's job require work in any of the following conditions?

FREQUENCY:	O	F	A	FREQUENCY:	O	F	A	FREQUENCY:	O	F	A
<input checked="" type="checkbox"/> Outside	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> In a damp or humid environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Above or below ground level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> In extremes of cold or heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Toxic fume	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Handling chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does the job involve other hazards? Yes No If "Yes", please list:
 Travelling

3. Check the items below that relate to the employee's job, and complete the information requested.

FREQUENCY:	O	F	A	FREQUENCY:	O	F	A	FREQUENCY:	O	F	A
<input checked="" type="checkbox"/> Standing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Bending over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Extending/reaching above head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Walking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Sitting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Crouching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Stairs (No. of steps _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Keeping one's balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ladders (Height _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DESCRIBE ACTIVITY AND SPECIFY FREQUENCY AND WEIGHT:

ACTIVITY	FREQUENCY:	O	F	A	WEIGHT:	Lb	Kg
<input type="checkbox"/> Pushing _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Pulling _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Lifting/carrying _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list any office equipment, motor vehicle, tools or other equipment that is used in the employee's job.

Type of equipment	Computer/Technology	Times per day	Varies throughout the workday
Type of equipment	Vehicle	Times per day	

4. Does the employee work in an extremely noisy environment, have to work at a fast pace, do repetitive movements or have short deadlines? Yes No

If "Yes", please specify: Short deadlines are based on the requirements of the court system and updates are required by the crown regularly.

5. Does the employee's job require dexterity? Yes No

If "Yes", please specify: Through the use of technology and computers, the employee is required to have dexterity by means of typing informatin and regular reporting.

D - ADDITIONAL INFORMATION

The position itself requires the worker to be emotionally and mentally strong in order to provide proper services and support to their clients.

SIGNATURE OF THE AUTHORIZED PERSON

SHWETZ, COLETTE
 Last name and first name of the authorized person (IN BLOCK LETTERS)

cshwetz@nanlegal.on.ca

E-mail address

Signature

HR MANAGER

Position

Date

Nov 5/21



Nishnawbe-Aski Legal Services Corporation

RESTORATIVE JUSTICE ADVOCATE

Job Description

Title: RJ ADVOCATE

Dept.: Restorative Justice

Reports to: RJ Manager

JD #: RJ 0004

Approved:

REVIEWED: January 25, 2021

Summary

The Restorative Justice Advocate shall be responsible for managing and administering the Restorative Justice Program on behalf of the Corporation.

Core Competencies:

- Experience in alternative justice models and in dealing with holistic approaches to justice is considered beneficial.
- Ability to work as a team as well as with little supervision.
- Advanced knowledge of Microsoft Office Applications, including: Word, Excel, PowerPoint.
- Strong attention to detail and ability to work with sensitive and confidential information.
- Requires excellent communication skills, both verbal and written.
- Excellent decision-making and problem solving skills.

Job Duties

- The Restorative Justice Advocate oversees and supervises the activities of staff involved with restorative justice activities including the day-to-day contact, advice and assistance on specific conferences, monthly conference calls, assistance with developing a filing system, completion of data sheets, and initial training in Community Accountability Conferencing as well as orientation to the communities serviced.
- Reporting to the Executive Director as to the status of the program on an ongoing basis.
- Negotiate yearly funding for the continuation of the program, which negotiations are updated to the Executive Director and Board of Directors as needed.
- Oversee and manage program budget to ensure spending is within budgetary requirements and parameters.
- Complete yearly workplan and submit quarterly reports to the Department of Justice.
- Design and implement a self-evaluation program.
- Hold actual Community Accountability Conferencing conferences as required in the Zones and in the communities outside of the zones upon request and as resources tolerate.
- Develop forms to be used in the diversion of charges and implementation of conference agreements.

- Develop training materials and facilitate training programs.
- Supervise the gathering and analysis of statistics. Develop practical means of recording statistics for use by Corporation, Board and funding partners.
- Supervise the development of promotional materials and oversee the distribution of same. Otherwise promote the program through newspaper articles and radio broadcasts.
- Report to the Board of Directors and the NAN Chiefs in Assembly as and when required on the status of the program.
- Liaise with Chief and Councils, frontline workers, and NAPS to explain and report on the program.
- Assist the NAN Deputy Grand Chief responsible for the justice portfolio with respect to the Justice Jurisdiction proposal.
- Represent NAN on the Aboriginal Healing and Wellness Strategy sub-committee on Family Violence and Justice.
- Seek alternative funding sources, and develop funding applications to expand this project.
- Sit as a member of Health/Justice Working Group that is looking at holistic approach to deal with the implementation of plan including training component.
- Sit as member of the Corporation Management Committee.
- Perform other related duties as required to further the mandate of the Corporation.

Requirements

- This position requires a post secondary degree or diploma in law, advocacy, social work, mental health, or alternative dispute resolution.
- Strong understanding of restorative justice and its application in Indigenous and Canadian legal systems.
- Valid G level driver's license and access to a reliable vehicle.

Reporting

- The Restorative Justice Advocate is accountable on a day to day basis to the Executive Director for overall work performance and reporting, and to the Board of Directors for program developments and reporting.

Meetings, Training and Outreach

- Attend all meetings, telephone and video conferences, committees, as directed.
- Attend professional development, training, workshops, education, as directed.
- Develop positive relationships with justice providers, defense counsel, police authorities, community leadership, duty counsel, crown attorneys, probation, parole and more. Keep program Advocate, supervisor, manager, or director apprised.

File maintenance

- Ensure all paper and electronic files are maintained up-to-date.
- Follow directives, guidelines, and policies for records management and file keeping policies.

Additional Duties and Responsibilities

- Complete all additional responsibilities and duties as assigned.
- Other duties as assigned.

SALARY RANGE

Pursuant to current wage grid.

Direction and Authorization Form

DIRECTION AND AUTHORIZATION TO RELEASE PERSONAL INFORMATION

FROM Leahna Parrott
Employee's (Claimant Name)

TO Desjardins Financial

RE RELEASE OF CONFIDENTIAL/PERSONAL INFORMATION TO
JG Benefits Inc./CINUP (hereinafter "Policyholder")

INDIVIDUAL POLICY NUMBER : Select Policy Number

I hereby direct and authorize the company to discuss with the Policyholder (JG Benefits Inc./CINUP) any and all information or documentation concerning my claim and its evaluation by the company, including but not limited to, any medical, financial, vocational, rehabilitation, or any other confidential/personal information or documentation concerning my claim. I also authorize the Company (Desjardins Financial) to send to the policyholder, copies of correspondence the Company receives from me concerning my claim as well as any medical information received from external sources.

Duration and Revocation

I understand that

- It is not a requirement of the Policy/Policies that I authorize the company to disclose information to the Policyholder
- This authorization will remain valid for as long as I am claiming benefits or service from the Company: and,
- I am free to revoke this authorization at any time by sending written notice to the Company of such revocation.

I have read and understand the above. I am signing this voluntarily, and not under compulsion by anyone.

Leahna Parrott
Signature of Claimant

NOV 2, 2021
Date

Employee Statement



Submit online:
 desjardinslifeinsurance.com/eng
 Complete and save the form on your computer first.
 Keep original forms for your records.



By mail:
 PO Box 1203 STN A
 Toronto ON M5W 1G6
 Send original forms and keep copies
 for your records.



By fax:
 1-844-408-6571 (toll free)
 416-928-0697
 Keep original forms for your records.

Contact us: 1-800-263-1810 (toll free) or 416-928-2890



GROUP INSURANCE - DISABILITY CLAIMS

**DISABILITY OR WAIVER OF PREMIUM CLAIM
 EMPLOYEE STATEMENT**

> The payment of your disability claim will be made by direct deposit only. Please include a specimen cheque marked «VOID».

A - IDENTIFICATION We are unable to assess this claim unless all questions are answered completely.

Last name and first name of employee PARROTT, LEAHAN		Sex <input type="checkbox"/> M <input checked="" type="checkbox"/> F	Date of birth yyyy mm dd 1972 02 03
Address - No., street, apt. 219 RYE STREET BOX 51		City MATACHEWAN	Province ON
Division no. 59086		Certificate or identification no. 0063468911	Postal code P0K 1M0
Policy or group or contract no. 641028	Social insurance no. ¹ 492 286 802		
Telephone no. (mandatory): (705) 565-2557 <input type="checkbox"/> I authorize Desjardins Financial Security, hereinafter Desjardins Insurance, to leave me voicemail about my disability claim.			
E-mail address ² : LPARROTT@VANLEGAAL.ON.CA			

¹ Your social insurance number is necessary only if your disability claims are taxable. Please contact your employer to obtain this information.
² Please provide this information only if you authorize Desjardins Insurance to email you.

B - GENERAL INFORMATION

1. Training:
 Level of education: **BA Social Sciences**
 Work experience: **21 years with Mishawbe Aboriginal Legal Services Ottawa - present**
 Spoken language: English French
 Written language: English French

2. Is disability due to an accident? Yes No
 If "Yes", date of accident: yyyy mm dd
 Time: AM PM
 Type of accident: Work-related Motor vehicle Other
 Indicate details (where, how):

3. Did you receive prior treatment for the illness or injury causing the disability? Yes No
 If "Yes", give particulars including name, address and telephone number of all treating physicians and specialists:

4. Name, address and telephone number of physicians and specialists who have treated you during the disability:
DR. MARK SPILLER - FAMILY PHYSICIAN 5 Theresa Barber Pln, NP
MATACHEWAN CLINIC
81 MATHEWSON STREET
MATACHEWAN, ON
P0K 1M0
9 CHANTAL GAUDREAU, NR PNC, CM 37
MILU MISHKI-KI INDIGENOUS HEALTH TEAM
109 BURNSIDE DRIVE
KARICLAND LAKE, ON

PLEASE COMPLETE THE BACK OF THE FORM.
 06329E01 (2018-11)

Desjardins Insurance refers to Desjardins Financial Security Life Assurance Company.

B - GENERAL INFORMATION (CONTINUED)

5 If you have any accident or sickness coverage through a union, society, creditor, mortgage, auto, lodge or other association, through another employer, under an individual policy, give the following particulars:

Name of insurer	Policy no.	Certificate no.	Start date of benefits	End date of benefits	Benefit amount	Weekly/Monthly
			YYYY MM DD	YYYY MM DD	\$	<input type="checkbox"/> W <input type="checkbox"/> M
			YYYY MM DD	YYYY MM DD	\$	<input type="checkbox"/> W <input type="checkbox"/> M

Comments: _____

C - DIRECT DEPOSIT ENROLMENT Please include a specimen cheque marked "VOID".

I hereby authorize Desjardins Insurance to deposit my benefit payment through the DIRECT DEPOSIT system into account at the financial institution indicated below:

Name of financial institution	Institution no.	Transit/branch no.	Account no.
ROYAL BANK	003	02462	5008878
Address - No., street, suite	City	Province	Postal code
30 GOVERNMENT RD W. KIRKLAND LAKE		ON	R2N 3H7

Any credit entered in my account in accordance with this authorization will be identified with a DIRECT DEPOSIT transaction code and I acknowledge that the credit in question shall constitute an amount paid in accordance with this authorization.

This authorization will be effective on November 3, 2021. The authorization will terminate following a 10-day written notice by either Desjardins Insurance or me.

Signature of employee: Julian Parrott Date: November 2, 2021

D - PERSONAL INFORMATION MANAGEMENT

Desjardins Insurance handles the personal information it has on you in a confidential manner. Desjardins Insurance keeps this information on file so that you may benefit from group insurance services offered by the Company. This information is consulted solely by Desjardins Insurance employees who need to do so in the course of their work. Desjardins Insurance may compile anonymized personal information for statistical and informational purposes. Desjardins Insurance may also communicate with plan members to provide them with optimal health management. You have the right to consult your file. You may also have information corrected if you demonstrate that it is inaccurate, incomplete, ambiguous or not useful. To do so, you must send a written request to the following address: Privacy Officer, Desjardins Insurance, 200, rue des Commandeurs, Lévis, Québec, G6V 6R2. Desjardins Insurance may use the client list to offer its clients an insurance product following the termination of their group insurance. If you do not wish to receive these offers, you may have your name removed from the list. To do so, you must send a written request to the Privacy Officer at Desjardins Insurance.

E - DECLARATION AND AUTHORIZATION FOR THE COLLECTION AND COMMUNICATION OF PERSONAL INFORMATION

To be completed for each claim.

I hereby certify that the above answers are full and true. I authorize Desjardins Insurance strictly for the purposes of determining my insurability, managing my file and settling my claims to: (a) collect from any person or legal entity, or from any public or parapublic organization, only the information deemed necessary to manage my file. The non-exhaustive list of sources from which information may be collected includes healthcare professionals or facilities, the MIB (formerly known as Medical Information Bureau), insurance companies, personal information officers or investigation agencies, the policyholder, my employer or former employers; (b) communicate to the said persons or organizations only the personal information about me that is deemed necessary for the purposes of my file. (c) when necessary, request an inquiry report about me, and also use the personal information it may have about me in existing files that are now closed.

Provided that I have filled out the appropriate boxes, I authorize Desjardins Insurance to email me at the address provided in section A of this form and I give Desjardins Insurance permission to leave voicemail about my disability claim at the phone number provided on this form.

I authorize Desjardins Insurance to use or communicate my social insurance number for tax purposes. A photocopy of this authorization is as valid as the original.

Signature of employee: Julian Parrott Date: November 2, 2021

VERY IMPORTANT

Please have the initial attending physician's statement completed and submit the completed forms online, or by mail or fax to: Desjardins Insurance - Disability Claims.



Royal Bank



LEAHAN DAWN PARROTT

Nov 2, 2021

November 2, 2021

To: Whom it may concern

Re: Void Cheque

Please accept this copy of a void cheque as confirmation of LEAHAN DAWN PARROTT's bank account information for the purposes of pre-authorized debit or credit.

	LEAHAN DAWN PARROTT	Date: <u>2021 11 02</u> YYYY MM DD
BOX 51 219 RYE STREET MATACHEWAN, ON P0K1M0	VOID	\$ <input type="text"/>
Transit Number: 02462	Institution Number: 003	Account Number: 5002878

Medical

**Matachewan
NURSING STATION**

Operated by:
 Services de santé du
TIMISKAMING
Health Unit
(705) 565-2351

For Parrott, Leahan DOB Feb 3 1972

Address 219 Rye St PO Box 51, Matachewan, ON
POK 1MO

Rx This patient was seen
at the Matachewan Nursing
Station today. She requires
3 weeks off of work
due to a medical condition.
She will be reassessed
in 3 weeks to determine
fitness to return to
work

- 1 7
- 2 8
- 3 9
- 4 10
- 5 11
- 6 12
- 13

REPEATS

_____ Apart

J. Heese
EW-EC

1. What are the main duties of the employee's job and how much time is allocated to each one weekly?

Duties Supporting RJ Team 25% Duties Administrative duties 15%
 Duties Facilitating Restorative Justice 50% Duties Education + Training 10%

For questions 2 and 3, FREQUENCY is defined as follows:

OCCASIONALLY: 0-15 % of the times FREQUENTLY: 16-50 % of the time ALWAYS: 51 % + of the time

2. Work environment - Does the employee's job require work in any of the following conditions?

FREQUENCY:	O	F	A	FREQUENCY:	O	F	A	FREQUENCY:	O	F	A
<input checked="" type="checkbox"/> Outside	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> In a damp or humid environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Above or below ground level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> In extremes of cold or heat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Toxic fumes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Handling chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Does the job involve other hazards? Yes No If "Yes", please list:
Travelling

3. Check the items below that relate to the employee's job, and complete the information requested.

FREQUENCY:	O	F	A	FREQUENCY:	O	F	A	FREQUENCY:	O	F	A
<input checked="" type="checkbox"/> Standing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Bending over	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Extending/reaching above head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Walking	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/> Sitting	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Crouching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Stairs (No. of steps _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> Keeping one's balance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Ladders (Height _____)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DESCRIBE ACTIVITY AND SPECIFY FREQUENCY AND WEIGHT:	FREQUENCY:	O	F	A	WEIGHT:
<input type="checkbox"/> Pushing _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Lb <input type="checkbox"/> Kg
<input type="checkbox"/> Pulling _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Lb <input type="checkbox"/> Kg
<input type="checkbox"/> Lifting/carrying _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Lb <input type="checkbox"/> Kg

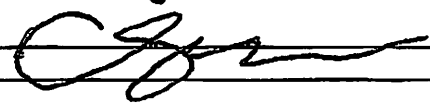
Please list any office equipment, motor vehicle, tools or other equipment that is used in the employee's job.

Type of equipment Computer / Technology Times per day varies in an 8hr period
 Type of equipment Vehicle Times per day _____

4. Does the employee work in an extremely noisy environment, have to work at a fast pace, do repetitive movements or have short deadlines? Yes No
 If "Yes", please specify: Short deadlines are based on the requirements of the Canadian Court system, and updates are required by the crown regularly

5. Does the employee's job require dexterity? Yes No
 If "Yes", please specify: Through the use of technology and computers the employee is required to have dexterity through means of typing information and reports

D - ADDITIONAL INFORMATION The position itself requires the worker to be emotionally and mentally strong in order to provide proper services and support to their clients.

SIGNATURE OF THE AUTHORIZED PERSON
Johnson, Chantelle Restorative Justice Manager
 Last name and first name of the authorized person (IN BLOCK LETTERS) Position
cjohnson@nanlegal.on.ca
 E-mail address
 Signature
November 4, 2021 Date