



Edmonton Transit Service
City Operations

City of Edmonton
Suite 500 Scotia Place, Tower 1
10060 Jasper Avenue NW
Edmonton, AB T5J 3R8

Tel.: 780-496-5735

takeETS.com



March 20, 2017

Mark Tettersington
President/Business Agent
ATU Local 569
10540 108 Street NW
Edmonton, Alberta T5H 2Z9

RE: Notice of Change in Process Related to Driver Evaluations

Dear Mr. Tettersington,

This is to inform the Union of the City's decision to amend the computer based screening portion of the Driver Evaluation process (the on-road assessment will remain the same). The City is always willing to try to work with the Union to alleviate any concerns the membership has with the process. We are prepared to offer employees the following option:

1. Members may choose to take the computer screening and only if they do not pass will they be referred for medical assessment, or
2. Members may choose to proceed immediately to medical assessment and skip the computer screening.

These options will be discussed with the Operator at the time the road test is scheduled. The Operator will have 24 hours to advise the Bus Operations Supervisor of his/her decision.

Further, the City wishes to make it clear that when members are referred for medical assessment as above, we are completely open to have members see their own Health Care Provider based on the following parameters:

- The appointment needs to occur no later than 2 weeks after the member makes their choice whether to take the computer screening or proceed immediately to a medical assessment to ensure the City's operational needs for transit service can be maintained for the public.
- The medical assessment by their own Health Care Provider must be done using the same standard that the IME (Independent Medical Exam) doctor is using to ensure consistency and fairness to all employees. The City would work with the Health Care Provider to help them ensure they have all the necessary resources to do a consistent assessment.
- The employee will authorize their Health Care Provider to provide a decision following the medical to the City on the normal Return to Work Medical Clearance form as provided by the City within 48 hours of the medical assessment. This form is attached so that the employees can see what kind of information is supplied to the City to ensure their privacy is maintained.
- The City will reimburse up to \$415 for this medical assessment to be completed.
- The employee will authorize their Health Care Provider to provide clarifying information should it be required to a doctor identified by the City or to the Disability Management Section of the City of Edmonton for this purpose.

We will be implementing this new procedure as soon as possible and no later than Monday, March 27, 2017. Please let me know if I can provide any additional information. This information may, of course, be shared with your membership.

Regards,



Eddie Robar,
Branch Manager, Edmonton Transit

Attachments

- c. Philip Herritt, Director of Operations
Lukasz Wilk, Strategic Coordination, Transit



Edmonton Transit Service
CITY OPERATIONS



**RETURN TO WORK
MEDICAL CLEARANCE FORM
CITY OF EDMONTON**

_____ has completed his/her Return to Work Medical Assessment
(Employee Name)

for the position of Transit Operator.

The employee is:

- ☐ Fit
- ☐ Fit with restrictions
 - ☐ Temporary restrictions (as outlined in the Comments section below)
 - ☐ Permanent restrictions (as outlined in the Comments section below)
- ☐ Not Fit (please complete City of Edmonton Application for Short Term Disability also attached)
- ☐ Requires Further Assessment (please complete City of Edmonton Application for Short Term Disability also attached)

Comments:

Physician Name

Physician Signature

Date

Please return form to: Laurie Trelenberg
Disability Management - City of Edmonton
Fax: 780-496-7825



To be Signed by Employee

I _____ authorize my physician to provide the above requested information to the City of Edmonton (Disability Management Section) for the purpose of confirming my fitness for work as a Transit Operator.

I further consent for my physician to provide clarification information should it be required to a doctor identified by the City or to the Disability Management Section of the City of Edmonton for this purpose.

Employee Name

Date