



I hereby make application for:  Sick Bank  Extension

**Describe in full detail the cause, nature and severity of illness or injury on opposite side of this form. SB-2 form or medical documentation accepted by the City MUST accompany this application.**

Member's Name: \_\_\_\_\_ Employee Number \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone (Home): \_\_\_\_\_ Phone (Work): \_\_\_\_\_

Seniority Date: \_\_\_\_\_ Job Classification: \_\_\_\_\_

Department & Division: \_\_\_\_\_

First Day off the Job with this Illness: \_\_\_\_\_ Last Day of Sick Pay from your Sick Time: \_\_\_\_\_

Number of Days in Your Sick Time: \_\_\_\_\_ Number of Days of Requested: \_\_\_\_\_

Number of Vacation Days Remaining: \_\_\_\_\_ Regular Pay Grade/Rate: \_\_\_\_\_

Have You Received Sick Bank/Benefits Previously? YES/NO Number of Days \_\_\_\_\_ Date: \_\_\_\_\_

Will You Be Applying for Recovery Elsewhere

YES  NO (If YES please indicate below)

WCB ICBC LTD EI/UIC CPP Other & 3rd Party: \_\_\_\_\_

The information provided herein is accurate to the best of my knowledge. I have no objection to, and authorize the Union to access or review payroll and sick pattern/history records on my behalf.

\_\_\_\_\_  
 Member's Signature Date

The onus is on the applicant to apply in a timely manner to meet guidelines for approval and payroll cut off. Money from Union sick bank are added to City direct deposit on paydays. To submit, email [cupeoffice@cupe402.com](mailto:cupeoffice@cupe402.com), fax 604-543-3842, or return to the union office at 5699-176 Street, Surrey.