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, fax 604-543-3842, or return to the union office at 5699-176 Street, Surrey.