**Sick Bank Application**

**SB-2 form or medical documentation accepted by the City MUST accompany this application.**

# Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee ID \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hire Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Job Classification: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you do not have enough personal banked sick time, please indicate if you will be using any of the following to cover your waiting period, and how many days:

Banked overtime (OTT) \_\_\_\_\_\_\_\_\_\_ Earned time bank (ETB) \_\_\_\_\_\_\_\_\_\_ Vacation (VCC) \_\_\_\_\_\_\_\_\_\_

\*Note remaining waiting period is unpaid

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 is added to City direct deposit on paydays.

To submit your application: email cupeoffice@cupe402.com or fax 604-543-3842, or return to the union office at 5699-176 Street, Surrey.