**CUPE 917** **APPLICATION FOR SICK BENEFIT BANK ALLOTMENT**

**The application should be completed and returned to the Sick Benefit Bank Committee Chairperson by the first day of the month following the absence from work**. An application must be submitted for each month that an allotment from the Bank is requested. **A doctor’s certificate supporting the period of absence will be required with the application**. All applicants are expected to keep their supervisors or department heads advised of their doctor’s expectation of a return-to-work time. The committee will only contact your supervisor in writing to advise them how many days the committee has granted you.

Disclaimer: Information collected here will be used by the Sick Benefit Bank Committee and Human Resources to determine eligibility for sick Benefit Bank benefits.

Please print clearly:

**Name**: Ms Miss Mr Mrs \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Phone: Home**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Office**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Home/work Email**: \_\_\_\_\_\_\_\_\_\_\_\_\_

**Department**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Supervisor**: Dr Mr Mrs Miss Ms \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor’s email:**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of hire for continuing employment**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employment Type**:

**Regular full-time**\_\_\_\_ **Regular part time**\_\_\_\_ **Full time Sessional**\_\_\_\_ **Part time Sessional**\_\_\_\_

**Job share**\_\_\_\_

Application related to a previous claim or to an established accommodation or disability: yes / no

Please check: Extended Illness \_\_\_\_\_\_\_ Disability \_\_\_\_\_\_\_

**Dates absent from work due to this illness**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Doctor’s Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

See over for the applicable Agreement and bylaws sections relating to Sick Benefit Bank policies.

SIGNATURE OF APPLICANT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ICBC and WorkSafe BC Claims**: If this is an ICBC or WorkSafe BC claim, please sign this part of the form. Article 23.07A and B: Employees will turn over or cause to be turned over to the Sick Benefit Bank any monies paid to them by WCB or ICBC to cover bank days used.

Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please return form SICK BENEFIT BANK COMMITTEE**

**with Doctor’s note to**: c/o Walter Sly, Chair: [**sickbank@cupe917.ca**](mailto:sickbank@cupe917.ca)

**If emailing scanned pdfs or jpgs, please send as attachments, not in the body of the email.**

**CUPE 917** **SICK BENEFIT BANK POLICY**

1. Application for Sick Benefit Bank Allotment must be made on the standard application which is available from the Chairperson of the committee, online,or from Human Resources.
2. A doctor’s certificate is required with the initial application and may be required with eachsubsequent application, at the discretion of the Committee. Note that there is no need to name a diagnosis -- this is also true when you notify your supervisor that you will be absent from work [23.01 (c)]
3. Applications should reach the Chairperson of the committee by the first day of the month following the applicant’s absence from work.
4. An application of less than 5 (five) consecutive working days shall not be considered except in those cases when an extended illness or disability exhausts employees’ sick benefits and continues to cause the employee to be absent from work for varying lengths of time. The employee must submit a doctor‘s note showing the relationship to the original illness or disability.
5. The committee will be contacting the Union Return to Work and Accommodation Committee if application is for an extended period of time. They may be contacting you to advise you of your rights under Article 18 Section H, Article 23.14, Article 23.15 or Article 33 of the contract.

**2019-22 CUPE 917 COLLECTIVE AGREEMENT - ARTICLE 23: SECTION C, SICK BENEFIT BANK**

23.11 Payments from the Sick Benefit Bank shall only be made by the University upon receipt of written direction from the Sick Benefit Bank Committee and only within the limits of the following schedule:

**Service**

after 12 months

after 24 months

after 36 months

**Working Days**

22

44

66

23.12 No payment from the Sick Benefit Bank shall be approved unless and until the employee concerned has exhausted her/his entire sick benefit provision and, with respect to the period of the relevant illness, has drawn down at least five (5) days of vacation entitlement or has taken at least five (5) days of leave of absence without pay.

23.13 An employee who is ill or disabled and has exhausted all available benefits (W.C.B., sick leave, Sick Benefit Bank) may opt to draw down her/his termination account to cover periods of illness or disability.

**OTHER EMPLOYEE OPTIONS AVAILABLE THROUGH CUPE 917 CONTRACT**

**Article 18 Section H -** Accommodation of Requests to Vary Work Schedules for Equity or Medical Reasons

**Article 23.14** - Return to Work Program

**Article 23.15** - Long Term Disability Plan

**Article 33** - Employees with Disabilities

**Employees seeking information on Article 18 or 33 in order to remain at work with modified duties or return to work sooner should contact Yvana Jovanovic (1-778-700-7664); Shane Randall (250-216-6140); or Walter Sly (250-883-3314).**