

REQUEST FOR SICK PAY

Instructions:

1. Fill out the form on your computer or phone
2. Save the form to your computer or phone
3. Attach the form to an email and send to dispatchdesk@burnabyschools.ca
 - a. Please use your district email when possible

TODAY'S DATE: _____

Union: _____
 (BTA/CUPE)

EMPLOYEE NAME : _____
 (Last, First)

Employee #: _____

Position: _____

CANCELLED DISPATCH INFORMATION	
EMPLOYEE YOU WERE TO REPLACE:	_____
DATE(S) YOU WERE SCHEDULE TO WORK:	_____ to _____
TIME:	<div style="display: flex; justify-content: space-around; align-items: center;"> AM PM Full Day _____ to _____ Other (please specify) </div>
LOCATION(S) YOU WERE SCHEDULE TO WORK AT:	_____ _____
ADDITIONAL INFORMATION:	_____ _____

IMPORTANT INFORMATION
<p>EMPLOYEE MUST MEET THE FOLLOWING CRITERIA:</p> <ul style="list-style-type: none"> Scheduled for work OR accepted dispatch and then cancelled due to personal illness/injury 90 consecutive days of employment prior to date of personal illness/injury Have no available sick bank to access <p>Employment Standards Sick Days are not in addition to the collective agreement.</p>

HR OFFICE USE ONLY	
Approved by HR:	<div style="display: flex; justify-content: space-around;"> Yes No </div>
Reviewed and Verified by:	_____ Date: _____
Authorized by:	_____ Date: _____
Note:	_____