

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

This form is to confirm that I have cancelled/declined the dispatch noted below due to personal illness or injury

Date of Request: _____

Union: _____
(BTA/CUPE)

Employee Name: _____
(Last, First)

Employee #: _____

Position: _____

DISPATCH INFORMATION	
DISPATCH ID OR EMPLOYEE YOU WERE TO REPLACE: _____	
SCHEDULED FOR WORK AND CANCELLED	DATE OF CANCELLED DISPATCH: _____
OFFERED A DISPATCH AND DECLINED	DATE OF DECLINED DISPATCH: _____
<small>(Check one of the above and enter the date you are requesting sick pay)</small>	
TIME: AM PM FULL DAY OTHER: _____ to _____	<small>(Specify start and end time if not AM/PM/Full Day)</small>
LOCATION(S) YOU WERE SCHEDULED or OFFERED TO WORK AT: _____	
REASON: _____	

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

HR OFFICE USE ONLY	
Approved by HR:	YES NO
Reviewed and Verified by: _____	Date: _____
Authorized by: _____	Date: _____
Notes: _____	