

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

| Employee Name: | Date of Request: | | | Union: | |
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| 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: (Check one of the above and enter the date you are requesting sick pay) TIME: AM PM FULL DAY OTHER: to (Specify start and end time if not AM/PM/Full DISPATCH) LOCATION(S) YOU WERE SCHEDULED OR OFFERED TO WORK AT: REASON: IMPORTANT INFORMATION EMPLOYEE MUST MEET THE FOLLOWING CRITERIA: Scheduled for work OR offered a dispatch and cancelled/declined due to personal illness/injury Oconsecutive 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 Agreemen HR OFFICE USE ONLY Approved by HR: YES NO Reviewed and Verified by: Date: Authorized by: Date: | · · · | | | , , , | |
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