

*This form confirms that you cancelled or declined a dispatch due to personal illness or injury.*

**Instructions:**

1. Complete form on your computer or phone.
2. Save form.
3. Email form to [dispatchdesk@burnabyschools.ca](mailto:dispatchdesk@burnabyschools.ca) *(Please use your district email)*

**Employment Standards Sick Days are not in addition to the sick entitlement within the Collective Agreement.**

**Employee must meet the following criteria:**

- 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

Date of Submission: \_\_\_\_\_ Union (BTA/CUPE): \_\_\_\_\_  
 Employee Name: \_\_\_\_\_ Employee Number: \_\_\_\_\_  
 Position: \_\_\_\_\_

<b>DISPATCH INFORMATION</b>	
DISPATCH ID or EMPLOYEE YOU WERE TO REPLACE: _____	
<input type="checkbox"/> SCHEDULED FOR WORK AND CANCELLED	DATE OF DISPATCH: _____
<input type="checkbox"/> OFFERED A DISPATCH AND DECLINED	DATE OF DISPATCH: _____
<i>(Check one of the above and enter the date you are requesting sick pay)</i>	
TIME:            AM            PM            FULL DAY    OTHER: _____ to _____	<i>(Specify start/end time if not AM/PM/Full Day)</i>
LOCATION(S): _____	
REASON FOR CANCELLATION OR REFUSAL: (Briefly explain the reason – illness or injury): _____	
_____	

<b>HR OFFICE USE ONLY</b>	
Approved by HR:	<input type="checkbox"/> YES <input type="checkbox"/> NO
Date of Review: _____	Date of Authorization: _____
Pay Period: _____	Initials: _____
Notes: _____	