

APPLICATION TO THE SICK LEAVE BANK COMMITTEE

Date: _____

Name of Employee: _____

Res. Address: _____

Bus. Address: _____

Res. Tel. #: _____

Bus. Tel. #: _____

Procedure to follow: Your application should be forwarded directly to the COPE Local 491 representative, along with a copy of your medical certificate, which should include the date on which your sick leave commenced, its expected duration, and the nature of the illness/injury. Upon receipt of your form, the COPE Local 491 representatives will contact HR to obtain pertinent details, and COPE will correspond with you directly regarding your request. You should also send a copy of the form, the original medical certificate and the leave form to the CUPE Employer Representative in the Human Resources Office at National Office.

Period (dates) for which assistance is being requested: _____

Nature of illness/injury (see item #8 in the Guidelines)

Surgery

Illness

Accident

Other (please explain) _____

Attach copy of medical certificate. Original should be sent to HR with appropriate leave form.

Employee's signature: _____

Balance of sick leave as at commencement of sick leave: [_____]

Expected duration of sick leave: [_____]

Number of days required: [_____]

Date discussed with CUPE HR Department: [_____]

For verification by the SLB Committee

Request APPROVED:

Request DENIED: ***If request is denied, provide the reason:*** _____

COPE Representative signature: _____

Date form returned to Employee: _____