



Employee on Call Leave Request for Employment Standard Act Sick Leave

NOTE: PLEASE SUBMIT THE COMPLETED FORM TO EMPLOYEE SERVICES VIA BLUE BAG, OR EMAIL leaves@vsb.bc.ca.

NAME: _____ EMPLOYEE #: _____
 Union Affiliation : _____ Date(s) of Personal Illness/Injury: _____
 SFE Job # if applicable: _____ Work Location of Scheduled Job: _____

Please indicate which leave you are applying for under the Employment Standards Act.

| | | |
|---------------------------|-----------------|--------------------------|
| Up to 5 per Calendar Year | Paid Sick Day | <input type="checkbox"/> |
| Up to 3 per Calendar Year | Unpaid Sick Day | <input type="checkbox"/> |

Signature of Employee

Date

| <i>Employee Services Leaves Staff Use Only</i> | | |
|---|-----|----|
| Eligibility Criteria for casual on-call employees | | |
| Validate Employee does not have eligible Leave Bank available | Yes | No |
| Employee Empl. Record to be paid on | | |
| Most recent hire date =/>90 calendar days: | | |
| # of sick days paid in calendar year at time of claim: | | |
| # of unpaid sick days claimed in calendar year: | | |
| Confirmation of scheduled job on date(s) of illness/injury: | | |
| Number of day(s) worked in preceding 30 calendar days: | | |
| Total earnings in preceding 30 calendar days: | | |
| ESA Average Day's pay: | | |
| Eligible to claim for ESA sick leave | Yes | No |
| Total number of approved paid ESA sick days on this request | | |

| <i>Payroll Time and Labour Processing (Employee Services Use Only)</i> | | | | |
|--|-----------------|---------------------|-----------------------|-----------|
| Date | TRC (SLE / SIH) | Scheduled Job Hours | ESA Average Day's Pay | Quick Key |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Authorized by: _____ Name: _____ Signature: _____
 Date: _____