



Application for Leave related to COVID-19 for Longshore Workers

HOW DO I SUBMIT A LEAVE APPLICATION?

Applications for Leave related to COVID-19 are administered by WEBC on behalf of the BCMEA. To submit an application:

- **EMAIL:** creditedtime@webc.ca
- **FAX:** (604) 681-7447
- **MAIL OR IN-PERSON:**

Waterfront Employers of BC
#400 - 349 Railway Street
Vancouver, BC V6A 1A4

To facilitate the timely review of your application, please complete both pages of this document and avoid blank fields.

Employees are entitled to up to 16 weeks of unpaid, job-protected leave if they are unable or unavailable to work due to

COVID-19. For example, employees may take this leave if they are:

- being quarantined or asked to self-isolate as a result of COVID-19
- being required to provide care to a family member as a result of COVID-19, or
- otherwise unable to work for reasons related to COVID-19.

To take this leave, employees must:

- provide written notice, as soon as possible, of the reason for the leave and the length of leave they intend to take, and
- provide written notice, as soon as possible, of any changes to the length of the leave.

According to Federal Guidelines (<https://www.canada.ca/en/employment-social-development/corporate/portfolio/labour/notice-covid-19.html>), this leave is granted on a **temporary basis** and is **not retroactive**. On October 1, 2020, this leave will be repealed. This leave may be changed at any time subject to changes to Federal Guidelines.

Start Date of Leave	Details
March 15 – June 15, 2020	Employees are entitled to <u>up to</u> 16 weeks of Credited Time. Retroactive leave applications will be accepted.
June 16 – September 30, 2020	Employees are entitled to <u>up to</u> 16 weeks of Credited Time. Retroactive leave applications will <u>not</u> be accepted. All applications must be received by WEBC in advance of the requested leave.

NOTE: If an Employee chooses to return to work during an accepted leave period, without advance notice to WEBC, the leave will be automatically concluded and no further Credited time will be granted.

1. INFORMATION ABOUT YOU

NAME		EMPLOYEE #	BIRTHDATE (DD-MM-YYYY)	
ADDRESS (TICK BOX TO UPDATE WEBC RECORDS WITH NEW ADDRESS)		CITY	PROV	POSTAL CODE
LOCAL	HOME PHONE	CELL PHONE	EMAIL	



2. INFORMATION ABOUT YOUR LEAVE

START DATE OF LEAVE (DD-MM-YYYY)	END DATE OF LEAVE (DD-MM-YYYY)

REASON FOR LEAVE

3. CONSENT AND DECLARATION

I certify the information in this form is true, correct and complete to the best of my knowledge.

I understand 'Leave related to COVID-19 for Longshore Workers' is administered by the Waterfront Employers Association of BC on behalf of the BC Maritime Employers Association (BCMEA).

I understand the Waterfront Employers of BC will use the personal information specific to this application, and any other personal information that they hold about me to determine eligibility for Pension and Benefits and to pay claims. I acknowledge and agree that the personal information about me may be collected, used and exchanged between the Waterfront Employers of BC and any other person or organization related to this leave application or the administration of my Pension and Benefit plans, if applicable. This includes healthcare professionals, institutions, investigative agencies, insurers/re-insurers, government organizations or regulatory bodies. I acknowledge disclosure of my personal information by the Waterfront Employers of BC to my Plan Sponsor when required or permitted by law or pursuant to contractual obligations under my Pension and Benefit plans, if applicable. I understand I may revoke this consent at any time and acknowledge that should I do so, this application may not be considered.

I have read and understand this Consent and Declaration and agree that a photocopy or digital version shall be as valid as the original and may remain in effect for the continued administration of this plan. I have read and understand this Consent and Declaration and agree that a photocopy or digital version shall be as valid as the original and may remain in effect for the continued administration of this plan.

For applications submitted electronically, in place of signature, type first and last name in the Signature section to confirm you acknowledge your Consent and Declaration.

THIS SECTION MUST BE SIGNED IN ORDER FOR YOUR APPLICATION TO BE PROCESSED

SIGNATURE	PRINT NAME	DATE
X	X	