

**APPLICATION FOR
PERSONAL LEAVE**

EMPLOYEE NAME: _____ **Tel:** _____

EMPLOYEE #: _____ **UNION STATUS:** _____

Have you been approved for Weekly Indemnity? Yes / No

Have you been approved for an unpaid Medical Leave? Yes / No

PERSONAL LEAVE

Employees may take up to five (5) days of Personal Leave, three (3) days of which will be paid if the employee has completed at least three consecutive months of continuous employment, the remaining two (2) days are unpaid.

ELIGIBILITY CRITERIA

- Minimum length of service for paid leave only: 3 consecutive months of continuous employment

SITUATIONS COVERED

- Responsibilities regarding health or care of a family member
- Responsibilities regarding education of a family member who is less than 18 years of age
- Urgent matters concerning employee or family member
- Attending citizenship ceremony
- any other reason prescribed by regulation

ADDITIONAL INFORMATION:

- May be taken in one or more periods
- Periods must be at least one (1) day
- Applications not submitted within 1 week following the return to work of the medical leave may be denied
- The Association may review shift history (i.e. preference) to make a determination of whether the worker would have likely missed work on a particular shift.

ESTIMATED PROCESSING TIMES:

- Applications will be processed within 30 days.
- Delays may occur if:
 - Application is incomplete



3. **Dispatch Eligibility:** If outside Vancouver (Local 500), please have your union representative confirm that you would have received work on the day and shift for which Personal Leave is sought.

For employee to confirm:

On the day(s) you need personal leave:	Yes	No	Detail
1. Are you regular workforce?			
2. Are you eligible to work (e.g. there is not a discipline-related leave, unpaid leave or cannot work for other reasons)?			
3. There is no restriction which would prevent the employee from being scheduled or working the day and shift requested for medical leave?			
4. Would the employee have been dispatched to work or otherwise scheduled to work based on training and seniority?			

For Union to confirm and provide:

On the applicable day(s):	Detail
1. Did the worker have the necessary rating to do the available work?	<p>Please attach appropriate dispatch documentation to confirm ratings and board position, including how far the work went on the applicable days for their ratings.</p>
2. Would the worker have been dispatched to work based on ratings and board position?	

Requested Period of Leave:

From: ____ / ____ / ____

DD/MM/YYYY

To: ____ / ____ / ____

DD/MM/YYYY

Number of Days: _____

I certify that I have read and understood the terms outlined in this document.

SIGNATURE OF APPLICANT: _____

DATE: _____

ASSOCIATION DECISION

APPROVED

REJECTED

SIGNATURE ON BEHALF OF ASSOCIATION

WEBC SIGNATURE

DATE: _____

