



School District 84

Vancouver Island West

Box 100, #2 Highway 28, Gold River, BC V0P1G0

Office: 250 283-2241 Website: www.sd84.bc.ca

On Call Employee Leave Request for Employment Standard Act Sick Leave

NOTE: PLEASE SUBMIT THE COMPLETED FORM TO SCHOOL OFFICE, OR EMAIL to: lunger@viw.sd84.bc.ca

NAME: _____ EMPLOYEE #: _____

Union: _____ Date(s) of Personal Illness/Injury: _____

Position: _____ 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

Staff Use Only		
Eligibility Criteria for On-Call Support, POC and TTOC Employees		
Validate Employee does not have eligible Sick Leave Bank available	Yes	No
Employee Position 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 days worked in preceding 30 calendar days		
Total Earnings in preceding 30 calendar days:		
ESA Average Days pay:		
Eligible to claim for ESA sick leave	Yes	No
Total number of approved paid ESA sick days on this request		

Payroll Staff Use Only				
Date		Scheduled Job Hours	ESA Rate of Pay	ESA Average Day's Pay

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