

LEAVE MANAGEMENT TRANSACTION

PLEASE TYPE OR PRINT CLEARLY

PART 1 – EMPLOYEE

EMPLOYEE LAST NAME		FIRST NAME		EMPLOYEE ID	DEPT ID
MINISTRY / DIVISION / BRANCH		REGULAR HOURS PER DAY		WORK PATTERN	
		START TIME	FINISH TIME	TOTAL HOURS	Work 5 days per week 1 day off every week 1 day off every 2 weeks 1 day off every 3 weeks Other, <i>specify</i> :
REGION / DISTRICT		FULL TIME		PART TIME	
EMPLOYEE CLASS				APPOINTMENT STATUS	
BCGEU	PEA	NURSES	OIC	REG	AUX (WITH BENEFITS)
MGMT. EXCL.	SCHEDULE A	SAL. PHYSICIANS	OTHER:	REG (LESS THAN SIX MONTHS)	AUX (WITHOUT BENEFITS)
					STAT TERM

A. DESCRIPTION OF LEAVE	MODIFIED DAYS OFF THIS PERIOD	FROM YYYY / MM / DD	TO YYYY / MM / DD	NUMBER OF WORK HOURS ABSENT	NUMBER OF DAYS

If requesting leave per references indicated on reverse, please provide applicable date(s) and details of leave request	YYYY / MM / DD	DETAILS OF LEAVE REQUEST
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B. SHORT TERM ILLNESS AND INJURY PLAN BENEFIT (STIIP)		FROM YYYY / MM / DD	TO YYYY / MM / DD	NUMBER OF WORK HOURS ABSENT	NUMBER OF DAYS
MODIFIED DAYS OFF THIS PERIOD	If continuous, indicate first day of illness				

Is this absence a result of a motor vehicle accident? YES NO

Do you wish to supplement STIIP? YES NO

If **NO** (or left blank), you will receive a 75% benefit. Excluded employees who select this option will utilize their Excluded Supplementary Credit only.

If **YES**, tick **one** box only. Banks will be used in order left to right, up to and including the box ticked. (See reverse)

Your choice is irrevocable for this transaction. Please note that STIIP absences may affect your annual vacation entitlement.

SICK BANK	CTO	ETO	OSB/OSS	EBU (PURCHASED)	EBE (EARNED)	VACATION (Excluding reserved hours)	RESERVED HOURS
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EMPLOYEE'S SIGNATURE	DATE SIGNED YYYY / MM / DD
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PART 2 – SUPERVISOR AND SPENDING / ADDITIONAL AUTHORITY

APPROVED	WITH PAY	ARTICLE NO. / COMPONENT	DOCTOR'S CERTIFICATE REQUIRED?	YES	NO	RECEIVED
NOT APPROVED	WITHOUT PAY		WCB APPROVED ABSENCE?	YES	NO	
SUPERVISOR / DESIGNATED AUTHORITY NAME – PLEASE PRINT		TITLE	SPENDING / ADDITIONAL REQUIRED NAME – PLEASE PRINT		TITLE	
SIGNATURE – I certify that the requested leave is approved in accordance with applicable leave provisions		DATE SIGNED YYYY / MM / DD	SIGNATURE		DATE SIGNED YYYY / MM / DD	

PART 3 – PAYROLL USE ONLY

FROM YYYY / MM / DD	TO YYYY / MM / DD	CODE	HOURS	COMMENTS / CALCULATIONS
ON CYCLE OFF CYCLE	PAY PERIOD END DATE YYYY / MM / DD	ENTERED INTO CHIPS BY	DATE ENTERED YYYY / MM / DD	

REFERENCES FOR LEAVE ENTITLEMENTS

DESCRIPTION	BCGEU ¹	NURSES ²	PEA ³	EXCLUDED EMPLOYEES ⁴	PROVIDE THE FOLLOWING DETAILS OF YOUR REQUEST UNDER SECTION A
Marriage	20.2(a)(1)	20.14(a)(6)	24.08 (a)	SEC Dir (95)(1)	Date of marriage
Attend Wedding of Child	20.2(a)(2)	20.14(a)(1)	24.08 (a)	SEC Dir (95)(1)	Date of wedding
Birth or Adoption	20.2(a)(3)	20.14(a)(2)	24.08 (a)	SEC Dir (95)(1)	Date of birth
Household / Domestic Emergency	20.2(a)(4)	20.11	24.08 (a)	SEC Dir (95)(1)	Nature of emergency
Moving Household Effects	20.2(a)(5) GERB 13/80	20.14(a)(3) GERB 13/80	24.08 (a)	SEC Dir (95)(1)	New address
Canadian Citizenship Hearing	20.2(a)(6)	20.14(a)(5)	24.08 (a)	SEC Dir (95)(1)	Date of hearing
Funeral Pallbearer / Mourner	20.2(a)(7)	20.14(a)(4)	24.08 (a)	SEC Dir (95)(1)	Time of funeral
Court Appearance for Employee's Child	20.2(a)(8)	20.147 (a)(8)	24.08 (a)	SEC Dir (95)(1)	Date of hearing
Illness of Elderly Parent	20.2(a)(9)	20.14 (a)(7)	24.08 (a)	SEC Dir (95)(1)	Relationship
Family Illness	20.3	20.12	24.08 (a)	SEC Dir (95)(1)	Relationship
Medical and Dental Care	20.11	20.13	24.14	SEC Dir (95)(1)	Appointment time
Bereavement	20.1	20.01	24.08 (b)	SEC Dir (95)(1)	Date of death, Date of funeral and relationship to you
Child Custody Hearing	20.2(a)(10)	20.14(a)(9)	24.08 (a)	SEC Dir (95)(1)	Date of hearing
Victim of domestic violence	20.2(a)(11)	N/A	24.08 (a)	SEC Dir (95)(1)	

1 BCGEU: Leaves taken under clauses 20.2, 20.3 and 20.11 shall not exceed a total of 70 hours per calendar year, unless additional special leave is approved by the Employer.

2 NURSES: For leave provided in Clause 20.11, 20.12, 20.13 and 20.14, the maximum length specified for each circumstance shall not be exceeded, however, a leave may be granted more than once for the same circumstance within a calendar year provided that the total of such leaves do not exceed 70 hours per calendar year, unless additional special leave is approved by the Employer.

3 PEA: Leaves with pay may be granted for purposes other than those specified in the PEA agreement.

4 EXCLUDED EMPLOYEES: Leaves with pay may be approved for an employee / appointee in an amount equal or greater than that provided for a bargaining unit employee in all circumstances where bargaining unit employees are granted leave with pay.

NOTE – See references for specific entitlements and details.
– Maximum special leave entitlement is prorated for part-time employees.

Mandatory Order of Time Bank Leave Plans Available for STIIP Supplement

	LEAVE PLAN	TAKEN CODE		LEAVE PLAN	TAKEN CODE
1. Exclusion Supplementary Credit	5I	S57	5. Banked Unscheduled Earned Time Off		
2. Sick Bank	5J	S58	a) Nurses Standby	5W	V71
3. Compensatory Time Off	5R	CTO	b) Occupational Health & Safety Committee	6D	V70
4. Banked Unscheduled Earned Time Off			6. OSB/OSS		
a) Unscheduled Earned Time Off	5X	ETO	c) Optional Selection of Benefits Plan	5N	OSB
b) In Lieu of Statutory Holidays	5Q	V58	d) Overtime, Shift Work & Standby	5P	OSS
5. Executive Benefit Plan Banked Time			7. Vacation		
a) Executive Benefit Plan - Purchased	6B	EBU	a) Displaced Vacation (oldest to newest)	5U	V99
b) Executive Benefit Plan - Earned	6A	EBE	b) Annual Vacation (newest to oldest)	51	V01
			c) Vacation Carry-over (oldest to newest)	52	VCO

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