

# 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	
REGION/DISTRICT		START TIME	FINISH TIME	TOTAL HOURS	<input type="checkbox"/> Work 5 days per week <input type="checkbox"/> 1 day off every week <input type="checkbox"/> 1 day off every 2 weeks <input type="checkbox"/> 1 day off every 3 weeks <input type="checkbox"/> Other, specify:
EMPLOYEE CLASS		<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME		APPOINTMENT STATUS	
<input type="checkbox"/> BCGEU <input type="checkbox"/> PEA <input type="checkbox"/> NURSES <input type="checkbox"/> OIC <input type="checkbox"/> MGMT. EXCL. <input type="checkbox"/> SCHEDULE A <input type="checkbox"/> SAL. PHYSICIANS <input type="checkbox"/> OTHER:	<input type="checkbox"/> REG <input type="checkbox"/> AUX (WITH BENEFITS) <input type="checkbox"/> STAT TERM <input type="checkbox"/> REG (LESS THAN SIX MONTHS) <input type="checkbox"/> AUX (WITHOUT BENEFITS)				

### 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

MODIFIED DAYS OFF THIS PERIOD	If continuous, indicate first day of illness YYYY / MM / DD	FROM YYYY / MM / DD	TO YYYY / MM / DD	NUMBER OF WORK HOURS ABSENT	NUMBER OF DAYS

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.

<input type="checkbox"/> SICK BANK	<input type="checkbox"/> CTO	<input type="checkbox"/> ETO	<input type="checkbox"/> OSB/OSS	<input type="checkbox"/> EBU (PURCHASED)	<input type="checkbox"/> EBE (EARNED)	<input type="checkbox"/> 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

<input type="checkbox"/> APPROVED <input type="checkbox"/> WITH PAY <input type="checkbox"/> NOT APPROVED <input type="checkbox"/> WITHOUT PAY	ARTICLE NO./COMPONENT	DOCTOR'S CERTIFICATE REQUIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> RECEIVED
		WCB APPROVED ABSENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO

SUPERVISOR/DESIGNATED AUTHORITY NAME – PLEASE PRINT	TITLE	SPENDING/ADDITIONAL REQUIRED AUTHORITY NAME – PLEASE PRINT	TITLE
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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
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## PART 3 – PAYROLL USE ONLY

FROM YYYY MM DD	TO YYYY MM DD	CODE	HOURS	COMMENTS / CALCULATIONS

<input type="checkbox"/> ON CYCLE	PAY PERIOD END DATE YYYY MM DD	ENTERED INTO CHIPS BY	DATE ENTERED YYYY MM DD
<input type="checkbox"/> OFF CYCLE			

## REFERENCES FOR LEAVE ENTITLEMENTS

DESCRIPTION	BCGEU <sup>1</sup>	NURSES <sup>2</sup>	PEA <sup>3</sup>	EXCLUDED EMPLOYEES <sup>4</sup>	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 Pall-bearer/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)	NA	24.08 (a)	SEC Dir (95)(1)	Date of hearing
Illness of Elderly Parent	20.2(a)(9)	20.12	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	24.08 (a)	SEC Dir (95)(1)	Appointment time
Bereavement	20.1	20.01	24.08 (b)	SEC Dir (95)(1)	Date of death and funeral and relationship to you

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

**Freedom of Information and Protection of Privacy Act**

This form is required to process your leave and the collection of personal information complies with the *Freedom of Information and Protection of Privacy Act*. Questions about the collection and use of this information can be directed to the FOI Designate at 250 544-5400, or toll-free at 1 877 277-0772, Telus Sourcing Solutions, Block E, 2261 Keating Cross Road, Saanichton BC V8M 2A5.