ESA Sick Leave Form for Teachers Teaching on Call (TTOC)

Please complete and email your completed form to <<mark>mskinner@sd91.bc.ca</mark>>:

Last name: _____   First name: _____

Employee ID #: _____

1. Employee in the School District 91 (Nechako Lakes) from the following date: _____

2. Worked in the following other school districts during the Claim Period (please list):

    _____

    _____

    _____

    _____

3. TTOC assignment(s) declined during the Claim Period due to illness or injury on (list date(s)):

    _____

    _____

    _____

    _____

4. Information and documentation supporting my claim for ESA Sick Leave (list and also attach relevant files):

    _____

    _____

    _____

    _____

5. I did not work in another assignment for School District 91 (Nechako Lakes) or another employer on the date(s) listed above.

☐ yes   ☐ no

6. I have not already been paid sick leave for the date(s) listed above.

☐ yes   ☐ no

7. I acknowledge that the information submitted in this form and attached files may be shared with union and employer bargaining agents, and a third-party adjudicator, for the purpose of reviewing my eligibility for sick pay in relation to Arbitrator Hall's decision.

☐ yes   ☐ no

8. **I solemnly declare that the information in this form is true, correct, and complete to the best of my knowledge and acknowledge that making a false claim for sick leave can result in discipline.**

☐ yes   ☐ no

Signed: _____   Date: _____

Please note:

- *The content of this form and any related processes are without prejudice to BCPSEA's or the BCTF's position on information sufficient to substantiate a claim for ESA sick days in the future.*
- *This form is subject to solemn declaration that the information provided in this form is true, correct, and complete to the best of your knowledge and an acknowledgement that making a false claim for sick leave can result in discipline.*
- *This form will be shared with the local union president or designate.*

District Decision: _____

Claim paid: ☐ yes ☐ no

Amount paid: $_____

Claim not paid due to:

☐ Employee had not been employed by the district 90 days prior to the day claimed.

☐ Employe had already taken five paid sick days in the same calendar year (including banked sick days under the Collective Agreement and/or ESA Sick Leave).

☐ Employee had not worked any days in the 30 calendar days prior to the date(s) claimed.

☐ Employee has already claimed ESA Sick Leave for the date(s) claimed.

☐ Lack of reasonably sufficient proof of entitlement.